HAWKE'S BAY
District Health Board
Whakawāteatia

E83

Presented to the House of Representatives pursuant to sections 149 and 149(L) of the Crown Entities Act 2004.

2019/20 **Annual Plan**

incorporating the
2019/20–2022/23 Statement of Intent and
2019/20 Statement of Performance Expectations

Hawke's Bay District Health Board

Our vision

"Whānau ora, Hāpori ora"

"Healthy families, healthy communities"

Our mission

Working together to achieve equitable holistic health and wellbeing for the people of Hawke's Bay.

Our values

HE KAUANUANU
Showing respect for each other, our staff, patients and consumers

ĀKINA
Continuously improving everything we do

RARANGA TE TIRA
Working together in partnership across the community

TAUWHIRO
Delivering high quality care to patients and consumers

Hawke's Bay District Health Board
Annual Plan 2019/20

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Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

16 DEC 2019

Mr Shayne Walker
Chair
Hawke's Bay District Health Board
shaynewalker@windowslive.com

Dear Shayne

Hawke's Bay District Health Board 2019/20 Annual Plan

This letter is to advise you I have approved and signed Hawke's Bay District Health Board's (DHB's) 2019/20 Annual Plan for one year, as submitted by the previous DHB governance.

I have made my expectations on improving financial performance very clear. Current DHB financial performance is not sustainable, despite Government providing significant funding growth to DHBs in the past two Budgets. I am approving your plan on the expectation that you will continue to focus on opportunities for improving financial results for 2019/20 and into 2020/21 and beyond. The out-years have not been approved.

The Annual Plan indicates an improving out-years position. However, I have asked the Ministry to request detail on the development of your savings plans for out-years as part of your 2019/20 quarter two report. I expect this report will include a granular and phased focus on cost containment, productivity and efficiency, quality, safety and Māori health and equity.

It is critical that a strong and deliberate approach is taken to out-year financial plans including your operating revenue, expenditure budgets and specific sustainable savings plans.

It is expected that as Chair, along with your Board, you will continually manage and monitor your cash position on a monthly basis with an ongoing year forecast. Should the DHB experience liquidity issues, please keep the Ministry informed of the likely timing of the need for liquidity support. Signalling the need for equity in the Annual Plan does not imply that an equity request will be approved. The available equity is limited and applications for equity support will be subject to a rigorous prioritisation and approval process.

I am aware you are planning a number of service reviews in the 2019/20 year. My approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry. Please ensure

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that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

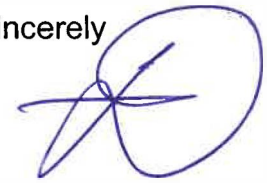
It is really important that the health sector continues to deliver timely and effective services so that we can provide high quality and equitable outcomes for New Zealanders that will deliver on our Government's Wellbeing priorities.

I am looking forward to seeing continued support and progress in these priority areas and ask that you maintain a strong oversight of your team against the actions identified in your annual plan.

I would like to thank you, your staff, and your Board for your commitment to delivering quality health care to your population and wish you every success with the implementation of your 2019/20 Annual Plan. I look forward to seeing your achievements.

Please ensure that a copy of this letter is attached to the copy of your signed Annual Plan held by the Board and to all copies of the Annual Plan made available to the public.

Yours sincerely



Hon Dr David Clark
Minister of Health

cc Mr Craig Climo
Interim Chief Executive
Hawke's Bay District Health Board
Craig.climo@hawkesbaydhb.govt.nz

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Part A – Annual Plan

PART A
Annual Plan

Section 1: Overview of Strategic Priorities

1.1 Strategic Intentions/Priorities/Outcomes

Hawke's Bay District Health Board (HBDHB) is a Crown Entity and is the Government's funder and provider of public health and disability services for the population in our defined district. Our Statement of Intent (SoI) 2019-22 outlines our strategic intentions and shows how local outputs impact on our population and contribute to local, regional and system-level outcomes.

As a sector we have a common vision: "Whānau ora, Hāpori ora — healthy families, healthy communities" and mission "working together to achieve equitable holistic health and wellbeing for the people of Hawke's Bay". We face challenges such as the growth in chronic illness, our aging population and vulnerability in a large sector of our community.

In 2018 we developed a Clinical Services Plan (CSP) to formulate our major responses to the challenges we face. It describes our vision for a very different health system that improves outcomes and experience for individuals and whānau living in Hawke's Bay. The CSP is the natural evolution of our previous five year strategy, 'Transform and Sustain', and together with a number of related projects and other key organisational reports and plans, has informed the development of our new strategy and implementation plan.

These foundational documents have been guided by the core legislative and governmental directions including, the New Zealand Public Health and Disability Act 2000, the Treaty of Waitangi, the New Zealand Heath Strategy and its accompanying strategies: He Korowai Oranga – the Māori Health Strategy, 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018, Healthy Ageing, Living with Diabetes, Rising to the Challenge – Mental Health and Addiction Service Development Plan, Enabling Good Lives Disability Strategy and the Primary Health Care Strategy. We are also guided by the Government's commitment to the United Nations Convention on the Rights of Persons with Disabilities.

Over the last five years, we have shifted our perspective from DHB services to whole-system management and engagement with iwi and post-settlement governance entities, with our Transform and Sustain strategy. We set up our Consumer Council to work alongside our Clinical Council and Māori Relationship Board and have generally performed well over a number of years. Success in preventative services such as immunisation and screening show what can be achieved when we purposefully set out to understand the needs of our community and deliver our services in a way that meets the needs of whānau.

Despite the progress we have made, many challenges still remain. Our 2018 Health Equity Report shows large inequities in health persist for Māori, Pacific and those with the least social and economic resources. Demographic changes will increase pressure on our already stretched health services. If we continue to do things the way we do now, the number of primary care consultations, hospital appointments and inpatient stays will outstrip population growth.

At its heart, our new strategy is about people: as members of whānau, hapū and iwi; and in their homes, communities and workplaces. We exist because of them and we recognise that people and whānau are the experts in their own lives. We need to plan and deliver health services in the wider context of people's lives, and how we include Māori and Pasifika practices.

This strategy describes our goals to partner with people and whānau, and work across agencies to improve the conditions of life, so that everyone has fair opportunity to achieve good health and wellbeing:

Strategic objectives:

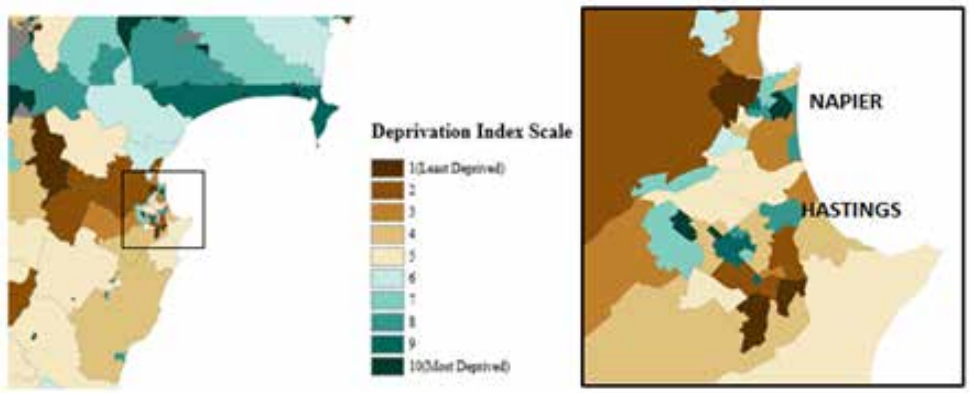
- Pūnaha Ārahi Hāpori / Community-led system
- He Paearu Teitei me ōna Toitūtanga / High performing and sustainable system
- He Rauora Hōhou Tangata, Hōhou Whānau / Embed person and whānau-centred care
- Māori Mana Taurite / Equity for Māori as a priority; also equity for Pasifika and those with unmet need
- Ngā Kaimahi Āhei Tōtika / Fit-for-purpose workforce
- Pūnaha Tōrire /Digitally enabled health system

The district health board must act as a careful steward of health resources in Hawke's Bay, which is a challenging task. We will turn to our people to find solutions. We need our community to help us, so that we invest in the areas that matter most to people and whānau. This plan prioritises health improvement of populations with the poorest health and social outcomes. We see multi-sectoral working as crucial to help address these determinants of health, working in partnership with central government agencies, local government, Iwi, Non-Government Organisations (NGOs), business and the community sector.

Collaboration with our local Primary Health Organisation (PHO), Health Hawke's Bay and other sectors is also a strong focus. Using these relationships we have planned our contribution to the Government's priorities for the health system, which include fiscal discipline, working across government, and achieving the national and ministerial priorities.

Working collaboratively with our Central Region partners is also key. A Regional Services Plan (RSP) has been developed by the six central region DHBs to provide an overall framework for future planning around optimum arrangements and regionalisation. Working regionally enables us to better address our shared challenges. As a region we are committed to a sustainable health system focussed on keeping people well and providing equitable and timely access to safe, effective, high-quality services, as close to people's home as possible.

In 2019/20, Hawke's Bay's population is forecast to grow to just under 168,000 people. Most of our population live in Napier or Hastings, two cities located within 20 kilometres of each other that together account for 80% of the total numbers. About 10% of the population live in, or close to, Wairoa or Waipukurau, which are relatively concentrated rural settlements. The remaining 10% live in rural and remote locations. Compared to New Zealand averages, there are some important differences in the makeup of our population – we have a higher proportion of Māori (26% vs 16%), more people aged over 65 years (18% vs 15%) and more people living in areas with relatively high material deprivation (28% vs 20%). The 2013 New Zealand Index of Deprivation (NZDep13) 4 explains how relative deprivation, as one measure of socio-economic status, is an indication of disadvantage in terms of people's opportunity to access and use the health system.



The unique characteristics of the population of the Hawke's Bay (HB) district compared to the rest of New Zealand in terms of health status and socio-demographics, provides us with some specific challenges which our new strategic plan must address if we are to achieve our vision.
In agreeing local priorities with the Ministry of Health (MoH) for 2019/20 a dual focus was signalled; the new strategy and implementation plan and immediate action on High Performance and Sustainable System and Digitally Enabled Health System goals. These areas align with national direction and strategic themes identified in our CSP. Actions in support of these local priorities are highlighted through Section 2 Delivering on Priorities.

- **Equity & Treaty Obligations:** Strategic goal to focus on Equity for Māori as a priority; also Pasifika and people with unmet need. We will continue to work with Ngāti Kahungunu to positively impact on Māori health with greater focus on working with other sectors to positively impact on the determinants of health such as housing, education and access to support for whānau. And increased co-ordination of preventative services to work more effectively with whānau. Focus will be on those areas which have the greatest impact on avoidable and amenable deaths:
  - Family violence
  - Mental Health and addictions
  - Improving heart health monitoring
  - Working with communities to proactively impact on suicide
  - Actions that will impact on preventing lung cancer deaths through smokefree living
  - Assisting people to prevent and manage diabetes and prevent stroke
  - Taking up national screening programmes

  We will continue to increase Māori and Pasifika employment in health.
- **High Performance & Sustainability:** Managing demand and acuity within available capacity (resource and infrastructure) requires a sustainable, system approach. To match capacity to demand we will be focussing on:
  - Leadership
  - Helping managers manage
  - Improve system flow and manage demand/capacity. Using business process redesign to improve performance metrics, including LoS and access
  - Maximising physical capacity, with infrastructure changes: Theatres - Surgical Theatre Expansion Project, repurposing existing capacity and being creative around generating capacity, Radiology, ED, Pharmacy, and ICU / HDU
  - Accelerate Hawke's Bay Healthcare Home
  - Refinement of Out of Hours Services
- **Digital Enablement:** modern delivery organisation through service Improvement, strategic partnerships and delivery. Accessibility focussing on mobility, unified communications and new models of care. Creating single view of information and insights and data consolidation, integration and secure access
- **Mental Health:** The opening of Ngā Rau Rākau supported provision of inpatient care for individuals with acute mental health needs in Hawke's Bay. 2018/19 saw a change in leadership and structure to improve our focus in this area. Our 2019/20 focus is to further develop services across the care continuum in line with the National Inquiry findings

- **Child Health:** The opening of Te Ara Manopou supported pregnancy and better development of parenting in Māori wahine with mental health and addiction issues. Our 2019/20 focus is services delivered in a child's first 1,000 days from conception to three years of age, intersectoral work around social determinants, whānau harm and child mental wellbeing, use whānau voice to develop initiatives, promotion of Positive Childhood Experiences, deliver whānau centred services with one whānau plan , Mental health commissioning review, review of youth services model and Kaupapa Māori approaches.
- **People & Quality:** Our People Plan focus is on Domestic violence legislation & implementation of Women's Refuge pathway, Prioritising staff safety and tackling occupational workplace violence. Within Quality our focus is new strategy & agenda for patient safety & experience, Clinical governance structure, implementation of new event reporting tool and enhanced review processes and consumer voice.
- **Partnering:** improving healthcare outcomes is complex and requires intersectoral engagement to address social determinants of health, particularly employment and housing.

1. 2 Board and Chief Executive message

Transforming Hawke's Bay's health system to better support a growing population and a healthier Hawke's Bay is a key priority for Hawke's Bay District Health Board.

The DHB's third Health Equity report, released in December 2018, provided a stark reminder that constant attention, and new ways of working are needed to maintain progress to eliminate inequities in health.

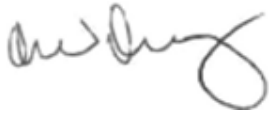
In 2017/2018 the DHB advised one of its refreshed targeted areas of priority was the development of a regional health proposal, the Clinical Services Plan (CSP). This planning aligns with the New Zealand Health Strategy and its five themes – people powered, closer to home, value and high performance, one team and smart system. From this, a new strategy has since been formed based on 12 months of free and frank discussions with people who live and breathe health care in Hawke's Bay – from health professionals, support groups and regular users. It provides a structured framework for the DHB to measure its progress to deliver and sets out what services will be delivered, how they will be delivered and where they should be delivered. The DHB's priority is to now to work on the finer details of the strategy and its implementation. This significant piece of work looks at the whole of the health system and the transformation of our health services over the next 10 years.

Guiding our integrated planning process, the strategy will provide the mandate for our work with communities and whānau to develop health services, and enable us to prioritise the activities and investment required to achieve equitable health gains in Hawke's Bay.

1.3 Signature page

Dr Kevin Snee, CEO
Hawke's Bay District Health Board

Kevin Atkinson, Board Chair
Hawke's Bay District Health Board



Dan Druzianic, Board Member
Hawke's Bay District Health Board

Hon. Dr David Clark
Minister of Health

Section 2: Delivering on priorities

2.1 Health equity in DHB Annual Plans

In 2018 we updated the Health Equity in Hawke's Bay report - an analysis and report on health status in the region. The main focus of the report is equity because health inequities are differences in health status that are avoidable or preventable and therefore unfair. The report finds many inequities in health in Hawke's Bay, particularly for Māori, Pasifika and people living in more deprived areas. There are also areas where, with determined and focused effort, we have improved outcomes and reduced inequities. This demonstrates that inequities are not inevitable. We can change them if we have the courage and determination to do so. The Health Equity Report concludes that inequity affects everyone and, for a difference to be made, we must tackle this collectively and take responsibility as a community. This is reflected in our plan.

The social conditions in which people live, powerfully influence their chances to be healthy. Indeed, factors such as poverty, food insecurity, social exclusion and discrimination, poor housing, unhealthy early childhood conditions and low occupational status are important determinants of most diseases, death, and health inequalities between and within countries.

Health, therefore, is not just the outcome of genetic or biological processes, but is also influenced by the social and economic conditions in which we live. These influences have become known as the 'social determinants of health'. Inequalities in social conditions give rise to unequal and unjust health outcomes for Māori (and for different social groups). Ref: Kanupriya Chaturvedi Dr, S.K Chaturvedi Dr.

2.1.1 Health equity tools

Hawke's Bay DHB has developed very good health monitoring and measuring reporting systems. The 'dashboard reports' also measure health equity (by ethnicity) against national and localised health priorities and indicators within our Annual Plan. Examples of these are the Te Ara Whakawaiora (TAW) programme and the Pacific Health indicators, as included in the Ala Mo'ui Pathways to Pacific Health and Wellbeing 2014-2018. The Te Ara Whakawaiora (TAW) programme is an exception-based monitoring and improvement programme based on the non-performing indicators within the Annual Plan. TAW is led by 'TAW Champions', members of the Executive Management Team (EMT).

2.2 Māori Health

Hawke's Bay DHB has a treaty partnership relationship with Ngāti Kahungunu Iwi Inc. The Māori Relationship Board (MRB) are the mandated health representatives of Ngāti Kahungunu Iwi Inc and also includes HBDHB Board members. The role of MRB is to provide advice and recommendations to HBDHB's Board to ensure equity is achieved for all Māori region-wide. The DHB has committed to include our MRB in all of its strategic planning exercises and MRB has identified its set of strategic priorities.

2.4 Government Planning Priorities

2.4.1 Improving Child Wellbeing

Immunisation			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Work with Health Hawke's Bay to standardise new-born enrolment process within general practices	Q4	CW07	System outcome We have improved quality of life	Government priority outcome Make New Zealand the best place in the world to be a child
Survey two local urgent care providers to investigate provision of opportunistic immunisation to children under five years of age	Q3	CW08 CW05	System outcome We live longer in good health	Government priority outcome Make New Zealand the best place in the world to be a child
Check immunisation status of all children under five years of age on Health Hawke's Bay Whānau Wellness programme and if not up to date facilitate immunisation through general practice. **EOA Māori and Pacific.**	Q4		System outcome We live longer in good health	Government priority outcome Make New Zealand the best place in the world to be a child
Explore the potential of a local Māori Health Provider to offer a weekly walk in immunisation clinic. Work with provider to implement. **EOA Māori.**	Q4		System outcome We have improved health equity	Government priority outcome Make New Zealand the best place in the world to be a child

School-Based Health Services			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families	
Review the free fees for 13-17 year olds in General Practice in order to identify whether the initiative met its objectives of increased access and improved outcomes for this cohort.	Q2	NA	System outcome We have improved quality of life	Government priority outcome Make New Zealand the best place in the world to be a child
Youth Service Level Alliance: Ensure a cross sector representation of those working at a strategic level in the rangatahi environment plus representation of rangatahi. **EOA Māori and Pacific**	Q4 Q1-4		System outcome We have improved quality of life	Government priority outcome Make New Zealand the best place in the world to be a child
Develop a process for reporting the number of early learning settings, primary, intermediate and secondary schools that have 1) water-only (including plain milk) policies/guidelines, 2) healthy food policies/guidelines and report these numbers to the MoH	Q2 Q4		System outcome We have improved quality of life	Government priority outcome Make New Zealand the best place in the world to be a child
Continue with current school based health services (SBHS) in decile one to four secondary schools, teen parent units and alternative education facilities and report bi-annually	Q2 Q4		System outcome We have improved quality of life	Government priority outcome Make New Zealand the best place in the world to be a child
Continue to Implement Youth Health Care in Secondary Schools: A framework for continuous quality improvement in each school under SBHS. Review all facilities surveys with school senior management, and identify appropriate quality improvement activities required	Q4		System outcome We have improved quality of life	Government priority outcome Make New Zealand the best place in the world to be a child

Midwifery Workforce – Hospital and LMC			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Develop a local midwifery workforce plan, in line with national planning, with a particular focus on matching workforce to community • Building a culturally responsive workforce • Strengthening and supporting Māori midwifery undergraduate pipeline **EOA Māori and Pacific**	Q1 plan Q4 phase 1	100% completion rate of Turanga Kaupapa training % of midwifery workforce Māori and Pacific tbc	System outcome We have health equity for Māori and other groups	Government priority outcome Make New Zealand the best place in the world to be a child
Retention: In light of national midwifery shortages, review current workforce models (regulated and non-regulated roles) for maternity, with a view to ensuring safe staffing levels • Identify current workforce model establishing CCDM programme for safe staffing • Review workforce mix to consider extending other support roles in a structured framework e.g. maternity care assistants	Q2		System outcome We have improved quality of life	Government priority outcome Make New Zealand the best place in the world to be a child
Recruitment: Develop an attractive midwifery package for Hawke's Bay	Q1		System outcome We have improved quality of life	Government priority outcome Make New Zealand the best place in the world to be a child

First 1000 Days (Conception to Around 2 Years of Age)			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Develop first 1000 days outcomes framework for Hawke's Bay	Q4	SUDI rate CW06 SLM Healthy Start CW10	System outcome We live longer in good health	Government priority outcome Make New Zealand the best place in the world to be a child
Analyse and report data collected as part of the māmā Māori interviews undertaken in 2018 Collate raw data and carry out Kaupapa Māori approach to analyse relevant SUDI, Smoking Cessation and Breastfeeding responses, complete a thematic analysis and compile into a brief summary report with recommendations for areas for improvement for whānau Māori. **EOA Māori, see SUDI.**	Q1 Q2		System outcome We have improved quality of life	Government priority outcome Make New Zealand the best place in the world to be a child
Develop a plan for the development of appropriate messaging and support for whānau Māori. See SUDI. **EOA Māori.**	Q1		System outcome We have improved quality of life	Government priority outcome Make New Zealand the best place in the world to be a child
Interview Pacific families who presented to ED for ASH 0-4 in 18/19 to gain insights into their experience. EOA Pacific	Q2		System outcome We have health equity for Māori and other groups	Government priority outcome Make New Zealand the best place in the world to be a child
Develop a plan for the development of appropriate messaging, referrals and support for families engaged in action above. EOA Pacific	Q3		System outcome We have health equity for Māori and other groups	Government priority outcome Make New Zealand the best place in the world to be a child
Continue to deliver the activities identified to support healthy weight in the Hawke's Bay Best Start Healthy Eating Plan.	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Make New Zealand the best place in the world to be a child

Family Violence and Sexual Violence (FVSV)			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Undertake a review of the utilisation of family violence and sexual violence services by Pacific families. (Low rates of Pacific community accessing services in HB – actual numbers unknown, but disproportionate rates in NZ Police statistics). • Develop an understanding of family violence and sexual violence from a Pacific perspective. • Develop an understanding of utilisation and barriers of access to services. • Re-shape services to meet the needs identified through the review. • Improve awareness of services in the Pacific community. • Improve service delivery and community follow-up. What are the rates of Pacific families accessing family and/or sexual violence services? What are the barriers to them accessing services for family and/or sexual violence? How do services need to be delivered to support Pacific community engagement? What are the long term pathways for engagement and feedback from the Pacific communities? EOA Pacific.	Q3	CW11	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Improve the responsiveness of family/sexual violence services for whānau Māori. (High prevalence of Māori in acute/crisis level family violence, sexual violence services). • Understand the experience of Māori groups through engagement with stakeholders. • Gather whānau insights into their experiences and barriers to access to care to acute/crisis care and support. • Develop clear pathways for whānau Māori whether accessing family violence and sexual violence services. Consider the development of sustainable feedback processes and resources. Make recommendations for family violence and sexual violence service delivery for Māori. **EOA Māori.**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Utilise community feedback to support the Sexual Assault Service's application of a therapeutic approach for clients accessing their team. Ensure a particular focus on responding to the needs of Pacific and Māori men accessing the service.	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Inter-sectoral family harm responses – identify resources to support the on-going development of the Oranga Whānau – Government Agencies Group. Particularly address co-ordination and membership to ensure continued focus on a Family Harm response framework, from prevention through to crisis intervention/post-intervention. (High prevalence of Māori in regional statistics for family harm. Lack of joint up planning and response across Government agencies).	Q2		System outcome We have health equity for Māori and other groups	Government priority outcome Make New Zealand the best place in the world to be a child

SUDI			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families	
Review the Cot Bank for equity for Māori and Pacific • Undertake a quality improvement activity to review responsiveness of the programme including eligibility criteria, referrals and uptake, allocation, ethnicity, deprivation data, and identify areas for improvement **EOA Māori and Pacific**	Q2	Rate SUDI CW06	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Analyse and report data collected as part of the māmā Māori interviews undertaken in 2018 • Collate raw data and carry out Kaupapa Māori approach to analyse relevant SUDI, Smoking Cessation, and Breastfeeding responses, complete a thematic analysis, and compile into brief summary report with recommendations for areas for improvement for whānau Māori. **EOA Māori, see First 1000 days**	Q1 Q2		System outcome We have health equity for Māori and other groups	Government priority outcome Make New Zealand the best place in the world to be a child
Gather the whānau story of whānau Māori that lost a pēpi to SUDI.	Q3		System outcome	Government priority outcome

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• Gather whānau stories about their experience losing pēpi to SUDI. **EOA Māori**	Q4		We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Plan the development of appropriate messaging of SUDI for whānau Māori • Based on Actions 1, 2 and 3 above, include a specific focus on smoking cessation, safe sleep, and breastfeeding activities to enhance a SUDI response appropriate for Māori **EOA Māori, see First 1000 days**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Make New Zealand the best place in the world to be a child
• Distribute a minimum of 417 safe sleep devices over the year, to whanau/pēpi identified with increased risk of SUDI as contracted through the CFA.	Q1–Q4			

2.4.2 Improving Mental Wellbeing

Inquiry into Mental Health and Addiction			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Work with the Ministry of Health and any new Commission to implement Government's agreed actions following the Mental Health and Addiction Inquiry, including contributing to, where appropriate, forensic initiatives.	n/a		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Work in partnership with Māori and Pacific people, young people and people with lived experience, NGOs, primary and community organisations, and other stakeholders to plan a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides options across the full continuum of need. Use a strengths based approach and wellbeing focus in all areas of redesign ensuring inclusion of the following focus areas within programmes of work: equity, physical health, mental health promotion, prevention, identification and early intervention. EOA **Māori & Pacific**	Q1		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Continue existing initiatives that contribute to primary mental health and addiction outcomes, and ensure they align with the future direction set by He Ara Oranga.	Q1-4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Continue to work in partnership with workforce centres to strengthen current workforces, including a focus on retention, recruitment and training.	Q1-4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Work with Central Region Partners to propose a collaborative response for best use of allocated cost pressure funding to support existing AOD residential care, managed withdrawal and continuing care.	Q2		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Crisis response: Continue to work on short term solutions for improving crisis response while we await long terms solutions via the re-design.	Q2		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Review and adapt our Suicide Prevention Plan 2018-2021 in line with Ministry guidance.	Q4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities

Population Mental Health			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Work with Territorial Authorities, Safer Communities, HPA and other agencies to scope a community led initiative which aims to support community champions who assist community members and whanau in mental distress. Focus on Māori, Pacific and high needs groups. **EOA Māori and Pacific**	Q4	MH06 CW12 MH04 CW12	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Kaitakawaenga to conduct Aromatawai (cultural assessment) for inpatient Mental Health Services for clients who agree and liaise and follow-up on Māori patient progress with assigned mental health key workers once discharged **EOA Māori**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Increase the nurse credentialing for mental health in primary care	Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Phase 2 of a system wide MH & A re-design inclusive of co-design principles and an equity lens that aligns and integrates the recommendation and priorities from the National Mental Health Inquiry and HBDHB's CSP. **EOA Māori and Pacific**.	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Review and adapt our Suicide Prevention Plan 2018-2021 in line with Ministry guidance	Q4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities

Mental Health and Addictions Improvement Activities			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Partner with PHO (Health Hawkes Bay) and NGO Iwi Health provider to create a single (primary and secondary) electronic access point for Mental Health and Addiction referrals from GP's. **EOA Māori and Pacific**	Q4	MH02 HQSC MH01	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Explore the potential to change patient management system (ECA) to generate discharge/transition summaries for community based services	Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Implement actions identified from the HQSE project that will minimise seclusion on admission for adult Maori **EOA Māori**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Improve the client pathway to culturally appropriate services **EOA Māori and Pacific**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Improve monitoring of transition plan quality by adding further standards and checks within the current Clinical Quality Audit programme.	Q1		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Add a transition plan checklist to *community services* multi-disciplinary closure reviews to match quality audit standards and measures	Q3		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Explore IT mechanisms to ensure that completion of transition plans is recorded accurately	Q2 Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Addiction			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Integrate Springhill AoD residential centre with identified NGO community addiction provider/s, potentially across region, to provide a seamless addiction response and reduce inequities for Māori, Pacific and criminal justice clients. The goal is to provide 'right care, right place, right time' and is in answer to gaps identified from the implementation of the central region AoD model of care.	Q2 tbc	MH03 MH04	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Implement the improvement plan for DHB Provider arm services to ensure that the target for young people referred for non-urgent addiction services within three weeks is met	Q1		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Provide a list of all existing and planned AoD services to the Ministry of Health	Q1		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Maternal Mental Health Services			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
As a result of the stocktake of primary mental health service provision, we will undertake a scoping exercise toward building a more integrated model of care across the community, which addresses identified service gaps and barriers to access specifically for Māori and Pacific women. **EOA Maori and Pacific**	Q4	CW12 CW11	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Explore service change to merge Maternal Mental Health Service (MMH) with Te Ara Manapou (Pregnancy and Parenting AoD Service). This would align compatible services and improve equity of access to MMH by capitalising on Te Ara Manapou's strong community connections. **EOA Maori and Pacific**	Q2		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

2.4.3 Improving wellbeing through prevention

Cross-Sectoral Collaboration			This is an equitable outcomes action (EOA) focus area	
DHB activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Develop an inter-sector framework to coordinate, prioritise, monitor and measure outcomes for HBDHB activity.	Q1	n/a	System outcome We have health equity for Māori and other groups	Government priority Support healthier, safer and more connected communities
Support the access to whānau voices (consumer feedback) collected by partner agencies. Enable its use in designing services, programmes and planning with whānau • Investigate a clearinghouse approach to store and access recorded whānau voice, i.e. research, consumer feedback, meetings and workshop notes, to inform planning, develop and deliver services.	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Establish information sharing across Government agencies to ensure quality data is informing decisions and is available to monitor impact • Through information sharing agreements with partner agencies • By having regular meetings between information systems staff beginning with Police, MSD and HBDHB • Through facilitating ways to share whānau voices.	Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Support inter-sectoral projects by: • Resourcing the work of the family violence interagency group • Contributing to employment programmes including reducing barriers to employment, Rangatahi Ma Kia Eke and pathways to health roles • Improving the quantity and quality of housing via leadership in the Housing Coalition projects • Supporting frontline staff to link clients with mental health and addiction services. EOA **Māori**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

Climate Change				
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Annual carbon emissions footprint and certification process completed through Certified Emissions Management and Reduction Scheme (CEMARS).	Q4 (Ongoing)	n/a	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Research/explore resources and investment required for HBDHB setting and achieving major emissions reduction target.	Q4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Transition HBDHB toward 'dining consumable products' that are more environmentally sustainable	Ongoing		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Sustainability working group to meet as needed to ensure HBDHB implements a strong response to climate change, in an equitable manner, in line with expectations from the Ministry of Health. Membership to include representation from Māori Health, Pacific Health, Population Health and other departments. EOA **Māori and Pacific.**	Ongoing		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

Waste Disposal				
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Work with medical waste provider and community pharmacies to progress a comprehensive collection process.	Q4	n/a	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Begin measuring community pharmaceutical waste collected through community pharmacies.	Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Maintain annual waste reporting of landfill, recycling, green waste and medical waste as part of CEMARS certification process.	Q4 (Ongoing)		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Apply a Ngāti Kahungunu environmental lens over key activities by partnering with Māori Health Services, Health Gains Advisor, utilising cultural knowledge to support the plan. **EOA Māori.**	Ongoing		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

Drinking Water • Provide actions the DHB will undertake to support their PHU to deliver and report on the drinking water activities in the environmental health exemplar. Activities that DHBs could carry out to support their PHU drinking water work (and other public health regulatory service) can be found on the FAQ page			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Undertake the duties and functions of a Drinking Water Assessor and Designated Officer as required by section 69ZL-69ZN of the Health Act 1956. **EOA Māori and Pacific**[1]	Ongoing	See Population Health Annual Plan	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Continue to build and maintain relationships with relevant stakeholders including the Drinking Water Joint Working Group. Representatives of this group include Iwi, Territorial Authority (TA) Drinking Water suppliers, Regional Council and Medical Officer of Health and Drinking Water Assessors. **EOA Māori.**	Ongoing		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Continue to provide technical support to supplies which received Capital Assistance Programme (CAP) and to networked supplies which have a population between 25-5000 people. In our area a number of Marae received CAP funding. As part of this programme will be the development of an equity partnership with the Māori Health Leadership team, Health Improvement and Equity Directorate. **EOA Māori.**	Ongoing		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Advocate for adoption of Source Protection Zones (SPZ) provisions with the TANK plan change and subsequent catchment management plans.	Ongoing		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

[1] The majority of the Pacific Island community in Hawke's Bay live in urban areas and are on a reticulated council drinking water supply.

Healthy Food and Drink			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Implement a specific clause in each agreement (for those agreements internally approved following from 1st July) requiring selected providers to develop a Healthy Food and Drink policy and report on the number of contracts with a Healthy food and Drink policy in Q2 and Q4	Q1 (ongoing)	n/a	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Develop information technology changes to allow capturing of information relating to number of agreements with a Healthy Food and Drink Policy clause.	Q1 (ongoing)		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Continue the implementation of the National Healthy Food and Drink Policy which the HBDHB committed to in Aug 2016.	Ongoing		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Identify appropriate nutrition support for the health providers from within our DHB.	Q1		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Develop online tools to support health contract providers e.g. policy templates, checklist etc.	Q1		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Develop a process for reporting the number of early learning settings, primary, intermediate and secondary schools that have 1) water-only (including plain milk) policies/guidelines, 2) healthy food policies/guidelines and report these numbers to the MoH	Q2 Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Smokefree 2025			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
HBDHB Smokefree Service will engage with the Wairoa Whanake Te Kura ante natal programme to encourage and support Wahine Hapu to stop smoking during and after pregnancy. Wahine Hapu will be referred and enrolled on the Wahine Hapu – Increasing Smokefree Pregnancy 8 week programme. EOA **Māori and Pacific.**	Q1 Q2 Q3 Q4	CW09	System outcome We live longer in good health	Government priority outcome Make New Zealand the best place in the world to be a child
Work with Health HB and General Practice to explore the possibility of identifying newborn babies residing in a house with known smokers to offer cessation support and referral to the Wahine Hapu – 8 week programme. **EOA Māori**	Q1		System outcome We live longer in good health	Government priority outcome Make New Zealand the best place in the world to be a child

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The HBDHB smokefree team will develop an education programme to build resilience in young Māori and Pacific women aged (15 years – 19 years) in schools, tertiary education, alternative education and teen parent units. The programme supports young women to identify their health and wellbeing needs and links them with key stakeholders e.g. Sport HB, Te Haa Matea. EOA **Māori and Pacific**	Q3 Q4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Work in collaboration with the Hawke's Bay Smokefree Coalition and Health Protection team to implement the Tobacco-free Retailers Tool kit with all alcohol on-licensed premises in Hawke's Bay. **EOC Māori and Pacific**	Q1 Q2		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Support Te Haa Matea with monthly peer support meetings, triage of hospital and midwife referals , administrative and governance support, plus cessation services in Wairoa	Q1-4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities

Breast Screening			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Target Maori and Pacific unscreened women by conducting data matching between BreastScreen Coast to Coast and general practices patient databases, sending letters offering incentives for women who complete screening. EO**A Māori and Pacific.**	Q4	PV01	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Priority women who do not confirm their appointment when booked to have a mammogram on the BSA Mobile unit will be referred to an Independent Service Provider for support to services. Ref: Cancer Services. **EOA Māori and Pacific.**	Q3 Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

Cervical Screening			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Encourage recall to commence at 32 months to ensure on-time three yearly screening and work with general practices to review Karo reports, identification of errors and resolution activity.	Q4	PV02	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Use targeted strategies and kanohi ki te kanohi approaches to engage Māori and Pacific unscreened and under-screened women. **EOA Māori & Pacific**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Establish a referral process for general practice to refer all Māori, Pasifika and Asian women who are ≥5 years overdue & unscreened for cervical screening, to an Independent Service Provider. **EOA Māori & Pacific**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Explore and discuss working in collaboration with local Kapa Haka or other groups to encourage wahine to participate in screening. **EOA Māori & Pacific**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

2.4.4 Better population health outcomes supported by strong and equitable public health and disability system

Engagement and Obligations as a Treaty Partner			This is an equitable outcomes action (EOA) focus area	
DHB activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Initiate scheduled meetings between HBDHB GM Māori Health and CEO Ngāti Kahungunu Iwi Inc. **EOA Māori.**	Q1	SS12	System outcome We have health equity for Māori and other groups	Government priority Support healthier, safer and more connected communities
Review memorandum of understanding (MOU) between Ngāti Kahungunu Iwi Inc and HBDHB. **EOA Māori.**	Q2		System outcome We have health equity for Māori and other groups	Government priority Support healthier, safer and more connected communities
Provide equity training to HBDHB staff. **EOA Māori.**	Q4		System outcome We have health equity for Māori and other groups	Government priority Support healthier, safer and more connected communities
Provide Māori Cultural Competency Training to HBDHB staff. **EOA Māori.**	Q4		System outcome We have health equity for Māori and other groups	Government priority Support healthier, safer and more connected communities

Delivery of Whānau Ora DHBs are best placed to demonstrate, and action, system-level changes by delivering whānau-centred approaches to contribute to Māori health advancement and to achieve health equity. Please identify the significant actions that the DHB will undertake in this planning year to: • Contribute to the strategic change for Whānau Ora approaches within the DHB systems and services, across the district, and to demonstrate meaningful activity moving towards improved service delivery • Support and to collaborate, including through investment, with the Whānau Ora initiative and its Commissioning Agencies and partners, and to identify opportunities for alignment. (All Pacific priority DHBs need to also include Pasifika Futures in this activity).			This is an equitable outcomes action (EOA) focus area (Equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Work with Te Taiwhenua o Heretaunga (Whānau Ora Provider) to implement whānau ora integrated care teams within their general practices **EOA Māori**	Q4	SS17	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Work with Kahungunu ki Te Wairoa to develop new whānau ora model of care **EOA Māori**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

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Review HBDHB Maternal Wellbeing Group to include tikanga Māori practices and whānau approaches **EOA Māori**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Establish memorandum of understanding with HBDHB Pacific Health Team and Kings Force (Fanau Ola Provider): • Kings Force support Pacific families with social, education and housing needs • Pacific Health service to support Pacific Fanau Ola families with health needs	Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Care Capacity Demand Management (CCDM)			This is an equitable outcomes action (EOA) focus area (Equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Governance: Local wards will actively engage in CCDM implementation to ensure representation from all eligible areas of the hospital.	Q3	n/a	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Partnership: Actively monitor the partnership between DHB and Health Unions to ensure CCDM works toward implementing it collaboratively and sustainably.	Q1-Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Variance Response Management (VRM): Enhance hospital VRM systems to enable the DHB to be flexible and responsive to the patient demand in real-time.	Q3 Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Core Data Set: Expand core dataset to include patient and staff satisfaction surveys to allow the organisation to be responsive to the needs of the population.	Q2		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Validated Patient Acuity Tool (TrendCare): Continue to use TrendCare (patient acuity data system) in safe staffing allocation and patient flow/placement decisions.	Q1-Q2		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Staff Methodology: Continue to work on existing data integrity shortfalls with the aim of achieving TrendCare data integrity standards to enable FTE Calculations: B2 (Medical) B3 (Ortho). First round FTE Calculations are completed when TrendCare data integrity standards are met: Mental Health, Renal Dialysis, Maternity (TBC) Staffing budget is set using the results of the FTE calculation based on data from previous 12 months	Q2		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Disability			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Support Health and Wellbeing by establishing practises that ensure the rights of people with disabilities: • Have whānau support people when engaging with HBDHB services. Review and update policy. • Investigate options to develop a system to record impairments on patient records to enable staff responsiveness and monitoring of health service delivery for people with disabilities. • Develop a monitoring tool for the HBDHB Disability Plan. **EOA Māori and Pacific**	Q4	SI14	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Improve Accessibility for people with disabilities by: • Establishing feedback mechanisms which enable people with disabilities to provide feedback and receive responses • Identify options of addressing barriers to accessing services **EOA Māori and Pacific**	Q2		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Improve attitudes toward people with disabilities by: • Developing training opportunities for HBDHB staff, in partnership with the disability community. **EOA Māori and Pacific**	Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Planned Care			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Part 1 Implement the recovery plan for ESPI 2: • Recovery plans developed with no breaches by December 2019 • Recruitment of locums to address the waiting lists in specialities such as gynaecology, neurology, maxillofacial and ophthalmology.	Q2	SS07 #ESPI departments with no FSA referrals waiting longer than 4 months (ESPI 2)	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Implement an Ophthalmology recovery plan for follow up appointments: • Recruitment of locum support who will see only overdue follow-up patients • Run follow-up only clinics at weekends • Expand criteria of referrals to Community based optometrists • Expand nurse led services offered	Q3	% of FU appointments overdue # Patients waiting more than or equal to 50% longer than the intended time for their appointment	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

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Implement a recovery plan for ESPI 5 (surgical): • Monthly monitoring of declines by ethnicity • Increase capacity in specialities with high decline rate (Orthopaedics and General Surgery) • Work with SMO, GP and management to better align demand and capacity • MoH visit arranged for prioritisation management across ESPI 2 and ESPI 5	Q3	SS07 % of patients waiting over 120 days for treatment (ESPI 5) Number of ESPI 5 specialties with no patients waiting over 120 days for treatment	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Develop new monthly reports for each surgical specialty for ESPI 2 and ESPI 5, which incorporate an equity lens, and table at SMO meetings	Q2	Reports in use	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Investigate causes of inequitable access. **(EOA).**	Q3		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Implement plan to address identified inequities. **(EOA.)**	Q4	Reduce inequity in DNA measure	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Develop a business case for approval to proceed with development of the endoscopy unit in order to provide more theatre capacity focused on orthopaedic and general surgery elective wait times.	Q2	Business Case completed	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Develop a methodology to minimize cancellation/postponements of patients requiring surgery from vulnerable patients	Q3	Methodology in use % of patients waiting over 120 days for treatment (ESPI 5)	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Move all clinically appropriate skin lesions to the community via Coordinated Primary Options	Q4	100% appropriate skin lesion work completed in community	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Part 2 Provide outline plan for engagement, analysis and development activities for developing the Three Year Plan	Q2	Outline submitted	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Undertake analysis of changes that can be made to our Planned Care Services including consultation with DHB Consumer Councils and other key stakeholders. **(EOA).**	Q3	A summary report outlining the outcomes of the analysis and consultation processes to understand local health needs and inequities, priorities and preferences	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Submit Three Year Plan to improve Planned Care Services	Q3	Submission of the Three Year Plan to improve Planned Care Services	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Commence implementation of Plan. (EOA)	Q4	Implementation commenced	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

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Participate in regional workshops as advised by MoH	Q1-4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Undertake analysis of changes that can be made to our Planned Care Services including consultation with DHB Consumer Councils and other key stakeholders.	Q3	SS07	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Submit Three Year Plan to improve Planned Care Services.	Q4	SS07	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Partcipate in regional workshops as advised by MoH	Q1-4	SS07	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Acute Demand			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Acute Data Capturing. SNOMED coding implementation into ED for NNPAC in 2021. Actions: • Install latest Patient Administration System (ECA) with applicable SNOMED capabilities and configure as required (existing platform, version upgrade only), testing • Super User acceptance testing, training of ED users • Reconfigure NNPAC data capture in Data Warehouse as required, adjust Extract requirements.	Q2 Q4	SS10 Inpatient length of stay	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Patient Flow: Trial digital solutions to provide the public with on-line information on real time options for emergency care; alternative options at triage option and feedback loops to follow the patient journey. This should increase the number of people appropriately utilising urgent care in primary care rather than ED. **EOA Māori and Pacific.**	Q2		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Patient Flow: For Māori patients requiring mental health and addiction services who have presented to the ED, in addition to referring to Consult Liaison (in hours) or Emergency Mental Health Service (after hours), refer to Māori Health Service for support with health literacy and navigation. **EOA Māori**	Q2		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Patient Flow. Create hospital capacity to manage acute demand by improving acute hospital flow. • Improved discharge processes by adoption of standardised Criteria Based Discharge (CBD) process across all adult in-patient wards • Reducing acute hospital re-admissions rates by identifying patients at risk of re-admission and focusing on support in the community **EOA Māori**	Q2		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Rural Health			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Wairoa Community Partnership Group (CPG) – continue development of the commissioning and accountability framework; development of shared outcomes and formal and informal processes for whānau to input into CPG **EOA Māori.**	Q4	Whānau feedback Written feedback Strategy completed	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
A clinical governance group is developed and fully functioning for Wairoa health system. **EOA Māori.**	Q2		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Identify workforce gaps and skills required to implement the future model of care. Develop a strategy for sourcing and developing the Wairoa workforce. **EOA Māori.**	Q2		System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering
Develop preventative and educational programmes for and with Wairoa community. **EOA Māori.**	Q3		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Link both the Wairoa Community Partnership Group and the Central Hawke's Bay Rural Alliance under the Te Pitau Alliance.	Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Healthy Ageing			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Initiate, develop and monitor the effectiveness of 'Hoki te Kainga' an Early Support Discharge service, to improve patient outcomes and improve hospital flow.	Q1-4	SS04	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Investigate and develop a formal Health Equity Partnership to inform the ongoing development of health services to improve outcomes for older Māori. **EOA Māori.**	Q2 Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Develop a system and processes for the effective management of frailty within the Medical and Older Persons Directorates. The objective is to create a hospital wide approach to frailty including use of a frailty screening tool in ED; Comprehensive Geriatric Assessment, as required, focussed on admission avoidance; frailty focussed admission and discharge planning.	Q1-4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Development and implementation of an "End of Life" Service Level Alliance (SLA) with a focus on delivering care closer to home and reducing acute bed days.	Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Improving Quality			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Diabetes specialist services and renal services to work together toward earlier identification of high risk patients. CNS diabetes, as part of work with general practice to link renal patients to general practice thereby supporting renal patients being managed in primary care. **EOA Māori and Pacific** (Disproportional representation of Māori and Pacific in ASH rates)	Q2 Q4	SS13 SS05	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Improve patient education on medicines through improved hospital pharmacy ward service. Work toward enabling more pharmacist-to-patient contact time throughout the patient stay and for discharge planning/education. Continue current recruitment strategy that is focussed on seeking practitioners who are skilled or well-prepared to deliver culturally sensitive practice.	Q1 Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Monitor antibiotic prescriptions down to level of general practice facility, with feedback to outlying prescribers. Provide report on hospital antibiotic consumption; manage restriction prescribing policy for broad spectrum antimicrobials.	Q1-Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Monitor antibiotic prescriptions down to level of general practice facility, and age related residential care facility level with feedback to outlying prescribers. Provide report on hospital antibiotic consumption; manage restriction prescribing policy for broad spectrum antimicrobials.	Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Provide an infection control service to hospital, primary and residential care facilities including antimicrobial advice to clinicians in community and hospital. This includes laboratory monitoring of MDRO prevalence and selective antimicrobial sensitivities reporting.	Q1-4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Cancer Services			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Cancer Screening Programmes – BreastScreen Aotearoa. • Target Maori and Pacific unscreened women by conducting data matching between BreastScreen Coast to Coast and general practices patient databases, sending letters offering incentives for women who complete screening. **EOA Māori and Pacific**	Q1-4	SS07 SS08	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

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• Refer 'priority women' who do not confirm their mammogram appointment with the BSA Mobile unit, to an Independent Service Provider. **EOA Māori and Pacific.** National Cervical Screening Programme • Encourage recall to commence at 32 months to ensure on-time three yearly screening and work with general practices to review Karo reports, identification of errors and resolution activity. • Use targeted strategies and kanohi ki te kanohi approaches to engage Māori and Pacific unscreened and under-screened women. **EOA Māori & Pacific**. • Establish a referral process for general practice to refer all Māori, Pasifika and Asian women who are >5 years overdue & unscreened for cervical screening, to an Independent Service Provider. • **EOA Māori & Pacific.**				
Faster Cancer Treatment – Cancer health target. Comply with Cancer health targets: • Develop monthly report – referral to diagnosis. • Review opportunities to address the gaps currently evident in the National T&A contract. • Review opportunities to address the clinical risks associated with reduced access to cancer medications. • Negotiate with tertiary providers to facilitate access to cancer treatments within the 62 day timeframe.	Q1-4	SS01 SS11	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Cancer Survivorship Model of Care • Partner with the Cancer Society and Regional stakeholders to implement a model of care for cancer survivors. EOA **Māori & Pacific.**	Q4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Analyse data on patients who have a C code on admission of lower GI Cancer looking at % of acute versus planned admissions to inform further quality improvement	Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Continue to work with Central Cancer Network and tertiary providers to facilitate locally based cancer care for HBDHB population. (Radiation Oncology and Standards of Care). EOA **Māori & Pacific**.			System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
See Bowel Screening section: Develop, implement and evaluate strategies to achieve 62% target in participation for Maori, Pacific, decile 9 and 10, and total National Bowel Screening Programme eligible population through health promotion health education activities and outreach follow up action. **EOA Māori & Pacific.**	Q1-4	SS07 SS08	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

Bowel Screening New Zealand has one of the highest rates of bowel cancer in the world. Bowel cancer is the second most common cause of cancer death in New Zealand, after lung cancer, with the third highest bowel cancer death rate in the OECD for women and the sixth highest for men.			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Implement Ministry of Health approved National Bowel Screening Programme HBDHB Annual Plan 2019/20, Equity Plan and Communications Plan. **EOA Māori and Pacific.**	Q1-4	SS15	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Develop, implement and evaluate strategies to achieve at minimum the 62% target in participation for Māori, Pacific, decile 9 and 10, and total National Bowel Screening Programme eligible population through health promotion health education activities and outreach follow up action. In addition we will set an internal target of 73% participation for Māori consistent with our intent to achieve equity of health outcomes for Māori across the life course. **EOA Māori and Pacific.**	Q1-4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Monitor and report on Colonoscopy Wait Time Indicators for urgent, non-urgent and surveillance, including for Māori and Pacific. **EOA Māori and Pacific.**	Q1-4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Monitor capacity, utilization and acute demand in order to develop a predictive model which identifies the resources and sessions required to meet production and NBSP targets.	Q2		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Workforce			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Increase Māori and Pacific representation in the workforce via effective recruitment and retention strategies. Ensure alignment to endorsed Māori & Pacific Workforce Development Action plans. **EOA Māori & Pacific.**	Q4	% Māori and Pacific staff % staff trained	System outcome We have health equity for Māori and other groups	Government priority outcome Ensure everyone who is able to, is earning, learning, caring and volunteering
Increase HBDHB numbers completing Engaging Effectively with Māori. **EOA Māori.**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Workforce reporting: • Continue to share Human Resource (HR) KPI report • Develop HR dashboards for Directorates • Develop Central Region HR benchmark KPI report.	Q4 Q2		System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering
Education Framework: • Prioritise focus on the development of an education framework to support all staff	Q2 Q1 Q1		We have health equity for Māori and other groups	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering

• Implement a Talent Mapping process (Tier 3&4 Managers) for leadership development • Maintain necessary standards for PGY1 and 2 aligned to Medical Council. • Maintain and develop relationships with EIT and tertiary institutions	Ongoing			
People and Whānau centred Care: • Increase the number of staff completion rates of Relationship Centred Practice.	Q1-4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Health Literacy • Continue to roll out Relationship Centred Practice training • Ensure the Health Literacy Framework is rolled out to departments for them to undertake a self-assessment against the MOH guidelines and for action plans to be in place.	Q4		System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering
Nurse Practitioners: • Continue to work with services to embed Nurse Practitioner roles/pathways for service provision • Ensure that the Nurse Practitioner has access to supervision and appropriate professional development funding to support them as practitioners and that the service can have confidence with patient care delivery. • Commit to annual increments of $1,000 per year for Nurse Practitioner professional development working toward achieving equity between professional groups.	Ongoing Q4		System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning learning, caring or volunteering

Data and Digital			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Regional Health Informatics Programme (RHIP) Clinical Portal. Continue programme to evolve new delivery method which is value driven and clinically led to allow clinicians to on-board whilst data migration runs parallel.	Ongoing	n/a	System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering
Mobility Programme. Continue our mobility programme to enable access to people, services and information anytime and anywhere.	Ongoing		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Unified Communications. Continue the rollout and enhancement of our Unified Communications solution to enable a mobile workforce and enhanced communication tools.	Q4		System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering
Windows 10 Upgrade. Upgrade of HBDHB end user computing devices to Windows 10.	Q4		System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering

M365. Plan and commence the implementation of the migration to the Microsoft 365 offering	Multi-year programme		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Security programme. Continue to improve our security capabilities to improve connectivity while mitigating cyber risk to an acceptable level. In addition to enhancing our security-related incident and event management capabilities we aim to strengthen security controls at the edge of our organisation and increase security awareness of our workforce.	Ongoing		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Primary Care Integration. Increase the adoption of Manage My Health and improve the referral process between primary and secondary care.	Multi-year programme		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Collective Improvement Plan			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Support a collective improvement programme as advised by MoH	n/a	SS16	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

Delivery of Regional Service Plan (RSP) priorities and relevant national service plans			This is an equitable outcomes action (EOA) focus area (Equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Work with Health Hawke's Bay to promote the Hep C pathway and to review available data sets to ascertain increased general practice management of Hep C i.e.: Fibroscan data, feedback from DHB service	Q4	SS02	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Provide input into regional stocktake of dementia services. Work with the regional HOP Managers to identify and develop an approach to progress DHB priority areas for implementing the NZ Dementia Framework.	Q2, Q4		System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities

2.4.5 Better population health outcomes supported by primary health care

Primary Health Care Integration			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Te Pītau (Primary Care – DHB Alliance); building the teams to become collective voice. • End of Life model of care development	Q4	# NPs ## RN prescribers # of contributors	System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring and volunteering
Telemedicine in rural health settings to support the Rural Nurse Specialist model. **EOA Māori.**	Q3		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Nurse practitioner workforce development: develop and implement pathways for NP development – increase the NP workforce.	Q4		System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering
Registered Nurse Prescribing workforce development: develop and implement pathways for RN prescribing – increase RN prescribing in primary and community care.	Q3		System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering
Data sharing – use the development of a diabetes data repository to build data sharing protocols across the sector	Q3		System outcome We live longer in good health.	Government priority outcome Support healthier, safer and more connected communities

Pharmacy			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Continue to support the vision of the Pharmacy Action Plan and the Integrated Community Pharmacy Services Agreement (ICPSA) by working with pharmacists, the public, primary care and the wider health care team to commission integrated local services that prioritise local need and support equitable health outcomes.		n/a	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
a) Analysis of base line data for Māori / Pacific with coronary disease to determine if medicine drivers are present. **EOA Māori / Pacific**	Q1			
Work toward determining equity gap, identifying target population group and specify measurements e.g. poor adherence, lack of collecting scripts, low medicine literacy	Q2			

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b) Determine feasibility of local commissioned service via ICPSA focusing on correction of medicine drivers c) As determined by action above, commission a local service	Q4			
Implement the agreed national process to enable the separation of the ICPSA schedules 1 & 2 when advised by the National Review Process group	Q4		System outcome We live longer in good health	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering
Explore pharmacists providing influenza vaccinations in church settings and educate Pacific community that pharmacy provides free 'flu injections to people over 65 years of age, via Pacific navigators when doing Bowel Screening home visits EOA Pacific	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Explore the views of general practice and community pharmacy around development of a collaborative pathway which supports increased influenza vaccinations in community pharmacy.	Q4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Prepare to report in Q2 of 2020 on local strategies to include influenza immunisation rates	Q4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities

Diabetes and Other Long-Term Conditions			This is an equitable outcomes action (EOA) focus area	
DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Implement a diabetes register (inclusive of general practice, retinal and podiatry data) to drive quality improvements aligned to the Quality Standards for Diabetes Care 2014.	Q4	SS13	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Create a long term conditions flag within the hospital patient management system identifying those people who have multiple chronic conditions and frequent inpatient services. **EOA Māori and Pacific.**	Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Support the delivery of action priorities within the Tobacco Strategy and Best Start Plan acknowledging they contribute to the prevention and reduction in risk of long term conditions i.e. actions from Smokefree section; increase healthy weight environments; implement healthy conversation tool in ECEs; monitor schools programme and Green Prescription and co-ordinate the delivery of the maternal and child nutrition and physical activity program, promote breastfeeding	Q2, Q4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Monitor GRx contract to ensure the programme is being accessed by Māori and Pasifika and the lifestyle changes are supporting the management of long term condition i.e. increased physical activity, increase consumption of fruit and vegetable, engaging in lifestyle change. **EOA Māori and Pacific.**	Q2, Q4		System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Monitor and analyse data on the kia ora (self-management programme) in order to understand coverage and utilisation	Q4		System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities

2.5 Financial performance summary

Projected Statement of Comprehensive Revenue and Expense

Projected Statement of Revenue and Expense						
in thousands of New Zealand Dollars	2018	2019	2020	2021	2022	2023
For the year ended 30 June	Audited	Forecast	Projected	Projected	Projected	Projected
Ministry of Health - devolved funding	516,552	544,682	573,100	593,044	613,446	633,629
Ministry of Health - non devolved contracts	14,369	14,947	14,618	15,127	15,648	16,163
Other District Health Boards	12,710	13,013	12,550	12,997	13,454	13,907
Other Government and Crown Agency sourced	6,046	5,713	5,334	5,533	5,738	5,942
Patient and consumer sourced	1,117	1,258	1,244	1,291	1,339	1,386
Other	6,104	5,539	4,639	4,725	4,899	5,072
Operating revenue	556,898	585,151	611,485	632,717	654,524	676,099
Employee benefit costs	209,611	235,675	243,178	251,690	259,996	269,095
Outsourced services	19,294	20,081	16,023	16,580	17,150	17,715
Clinical supplies	49,696	56,131	55,470	55,002	49,699	50,084
Infrastructure and non clinical supplies	50,773	53,433	51,562	53,311	54,354	56,784
Payments to non-health board providers	236,100	241,419	258,152	264,134	273,325	282,421
Operating expenditure	565,474	606,739	624,385	640,717	654,524	676,099
Surplus/(Deficit) for the period	**(8,576)**	**(21,588)**	**(12,900)**	**(8,000)**	**-**	**-**
Revaluation of land and buildings	15,312	-	-	-	-	-
Other comprehensive revenue and expense	15,312	-	-	-	-	-
Total comprehensive revenue and expense	**6,736**	**(21,588)**	**(12,900)**	**(8,000)**	**-**	**-**

Table 1: Projected Statement of Comprehensive Revenue and Expense

Projected Summary of Revenue and Expenses by Output Class						
For the year ended 30 June	2018	2019	2020	2021	2022	2023
in millions of New Zealand Dollars	Actual	Forecast	Projected	Projected	Projected	Projected
Prevention Services						
Revenue	9.7	9.0	9.5	9.8	10.2	10.5
Expenditure	8.5	9.1	9.6	9.8	10.1	10.5
	1.2	**(0.1)**	**(0.1)**	**0.0**	**0.0**	**0.0**
Early Detection and Management						
Revenue	118.2	145.8	150.4	155.6	161.0	166.3
Expenditure	119.9	147.1	154.3	158.0	162.9	168.4
	(1.7)	**(1.3)**	**(3.9)**	**(2.4)**	**(1.9)**	**(2.1)**
Intensive Assessment and Treatment						
Revenue	345.3	352.1	370.3	383.1	396.4	409.4
Expenditure	353.4	371.2	376.3	386.8	392.7	405.3
	(8.1)	**(19.1)**	**(6.0)**	**(3.7)**	**3.7**	**4.1**
Rehabilitation and Support						
Revenue	83.6	78.2	81.3	84.1	87.0	89.9
Expenditure	83.6	79.3	84.2	86.1	88.9	91.9
	-	**(1.1)**	**(2.9)**	**(1.9)**	**(1.9)**	**(2.0)**
Net Result	**(8.6)**	**(21.6)**	**(12.9)**	**(8.0)**	**0.0**	**0.0**

Detailed plans for the new investment and efficiency programmes have yet to be defined, and the impact of the programmes on financial performance have been recognised under clinical supplies in the Intensive Assessment and Treatment output class. When the plans are determined, the efficiencies will be reclassified and could affect any line in any output class.

Table 2: Projected Summary of Revenue and Expenses by Output Class

Section 3: Service configuration

3.1 Service coverage

The Minister explicitly agrees to the level of service coverage for which the MoH and DHBs are held accountable. Service coverage information demonstrates how Government policy is to be translated into the required national minimum range and standards of services to be publicly funded. In the current environment of increasing resource constraints and rising demand, it is likely that the level of services provided in some locations and the standard of some services will be adjusted and that access to some services may have to be modified. Service and care pathway reviews will specifically address the issue of coverage and access as will national, regional and local integrated planning. HBDHB does not expect any exceptions to service coverage. In terms of performance measure SI3, should any unintended gaps in service coverage be identified by the DHB or MoH then the DHB will report progress achieved during the quarter towards resolution of exceptions

3.2 Service change

The table below is a high-level indication of some potential changes.

Change	Description of Change	Benefits of Change	Change for Local, Regional or National Reasons
Urgent Care	Enhancement of Urgent Care Service provision for Hastings and Napier.	Improved access to afterhours care with resulting reduction in presentations and utilisation of ED as a primary care provider of care.	Local
Mental Health	A redesign of primary mental health services as part of the wider mental health redesign is underway and this will change current delivery.	Earlier access for mild and moderate mental health concerns targeting under-served populations. Better links between primary, community and secondary mental health services.	Local
	Repatriation of youth inpatient beds from the regional contract back to HBDHB.	Services closer to home.	Regional / local

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Whole of sector mental health services	Commence redesign of mental health and addiction services across the sector.	Align with the government enquiry into mental health and addiction. Align with Clinical Services Plan. More accessible and integrated services.	Local
Adult Alcohol and Other Drugs (AoD)	New model for local providers of AoD residential services.	Practice integration of the of local AoD residential providers for best placements for clients.	Local
Community Pharmacy and Pharmacist services	Implement the National Integrated Community Pharmacy Services Agreement and develop local services. Assessment of Schedule 3B services for local review.	More integration across the primary care team. Improved access to pharmacist services by consumers. Consumer empowerment. Safe supply of medicines to the consumer. Improved support for vulnerable populations. More use of pharmacists as a first point of contact within primary care. Increased geographical coverage.	National
	Continue to implement the Community Based Pharmacy Services in Hawke's Bay Strategy 2016-2020. Medicine Use Review service review and implementation. Zero Fees U18 service review and implementation.		Local
After hours U14 - Pharmacy	Rationalise and integrate general practice and pharmacy providers to deliver a single after hours under 14 service in both Napier and Hastings.	Single provider in both Napier and Hastings to aid consumer communication and access; with focus on integrated approach to urgent care including pharmacy support.	Local
Zero Fees U18 – Pharmacy	Removal of prescription co-payments for all youth aged 14 – 17 when prescription is written by a Hawke's Bay general practice prescriber.	Supporting parallel programme in general practice to increase access to primary care by youth, including associated prescriptions.	Local
Surgical Expansion Project	Project to expand HBDHB surgical in-house capacity to better meet elective health targets and HB population surgical needs. Aimed at calendar year of 2010.	HBDHB able to better meet elective health targets, manage acute demand and population surgical needs in-house and within budget.	Local
Under 18s	Reconfigure zero fees for Under 18s to align with government intention to provide greater access to services or those who hold community services cards.	Increased access for under 14 -17 year olds with Community Services Card.	Local
Coordinated Primary Options (CPO)	Provision of care within the primary care team that prevent hospital presentations and admissions.	Service review to inform redesign.	Local
Model of Care (primary)	"In line with the Clinical Services Plan, models of care changes will be based around: 1. Place-based planning	Models of care will be designed, developed and implemented to reflect whānau needs, and most importantly achieve equity within our rohe.	Local

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	2. Evolving primary healthcare 3. Working with whānau to design the services they need 4. Relevant and holistic responses to support mental wellbeing. 5. Keeping older people well at home and in their communities 6. Specialist management of long term conditions based in the community " Models of care will be designed, developed and implemented to reflect whānau needs, and most importantly achieve equity within our rohe.		
Older Persons Services	Responding to the growing demands of acute and chronic care needs will necessitate providing services in different ways that have more of a rehabilitation and community focus.	Free up capacity and associated resources in order to deliver care more appropriately with the aim of minimising admission to hospital and ARRC settings.	Local
Health and Social Care Localities	Health and Social Care Localities development supported within Wairoa and CHB.	Achieving equity within our rural localities.	Local
Primary Care Development Partnership (PCDP)	Ongoing development and refinement of Te Pitāu (Primary Care – DHB Alliance) for the provision of coordinated services. Building teams to become a collective voice.	Enhancing provision and coordination of services.	Local
Faster Cancer Treatment	Redesigning of our oncology service model and Redesigning and refurbishing our buildings.	More streamlined services working toward meeting the FCT target.	Local/Regional
Bowel Screening	Implement Ministry of Health approved National Bowel Screening Programme HBDHB Annual Plan 2019/20, Equity Plan and Communications Plan.	Reduced mortality from bowel cancer.	Local/National

Service Integration

In line with our strategic documents and the National drive to shift services out of the specialised hospital setting and into the community, HBDHB are continually reviewing services and considering where these could be provided in the community and/or with better integration with primary care.

Procurement of Health & Disability Services

HBDHB periodically undertakes competitive processes (Registration of Interest, Request for Proposals etc.), in accordance with the Ministry of Business Innovation and Employments Government Rules of Sourcing. Competitive processes may be undertaken for several reasons including, the time since the last competitive process and changes in service design. Competitive processes ensure cost effective services, increase innovation and can enhance efficient service provision. Competitive processes may result in a change of provider.

Note A: HBDHB is permitted and empowered under Section 25 of the New Zealand Public Health and Disability Act 2000 (the Act) to negotiate and enter into any service agreements (and amendments to service agreements) which it considers necessary in fulfilling its objectives and/or performing its functions pursuant to the Act.

Section 4: Stewardship

4.1 Managing our business

Organisational Performance Management

Given the scale and scope of our services, HBDHB has developed and implemented a comprehensive organisational performance management framework. This provides for the provision of relevant reports and performance management decision making at appropriate levels. Reports provided as part of this framework include:

Strategic

- MoH – DHB Performance Monitoring
- HBDHB Strategic Dashboard.

Operational

- Exceptions Report on Annual Plan performance
- Te Ara Whakawaiora – reporting on key Māori health indicators
- Pasifika Health Dashboard
- MoH Quarterly Health Target Report.
- Risk Management
- Monthly Strategic and High/Emerging Risk Report
- Occupational Health and Safety.

General

- Chief Executive Report
- Financial Performance
- Human Resources Key Performance Indicators
- Strategic Programme Overview.

Funding and Financial Management

HBDHB, as the lead Government agent for the Hawke's Bay public health budget, must always seek to live within its means, prioritise resources and manage in a fiscally responsible manner. In common with trends across the health sector, HBDHB has faced increasing difficulty in achieving financial balance, due to the cumulative effect of funding below the real cost pressures over a number of years. Following many years of surplus, HBDHB has posted a financial deficit for the last two financial years, as shown in the table below.

Financial Year	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Surplus/ (Deficit)	$3.222m	$3.054m	$4.366m	$3.567m	($8.576m)	($11.950m)*

*For the 2018/19 year the Operational Result is before the provision for Holidays Act remediation of $7m and full impairment of Finance, Procurement and Information Management system (FPIM) of $2.6m. The total deficit including these items will be $21.588m. The Holidays Act remediation estimate is still subject to review and approval by external auditors.

Due to the sustained pressure on our resources we planned a deficit of $5m for 2018-19, with the intent to return to a balanced budget in 2019-20. However increasing cost pressures and difficulties in delivering further sustainable savings in a challenging environment means that achieving a balanced plan for 2019-20 would impact quality of care. Consequently we are setting a deficit plan for 2019-20 of $12.9m. The coming year will be a foundation year in our long-term strategy. Alongside strategy implementation, we will be working to deliver sustainable tactical changes which ensure we continue to deliver high quality services that are clinically appropriate and support achievement of equity goals.

The approach we will take to ensure we deliver in a financially sustainable way and move HBDHB towards breakeven in 2021-22 include:

- prioritisation of resources to deliver the best health return from the funding available
- a focus on productivity, with effective management of cost drivers and robust planning of demand, capacity and capability, to improve performance whilst managing cost

Over the longer term, we anticipate that our work outlined in the strategy and delivery of the Clinical Services Plan (CSP), enabled by a financial strategy which walks alongside this, will support sustainable changes to how our services are resourced and delivered. The CSP will require a fundamental transformation of models care, with intervention occurring at the lowest cost opportunity. This is not about shifting resources from one provider to another, but changing the service model.

Investment and Asset Management

The MOH plans to establish a National Asset Management Plan (NAMP) by December 2019, to support them in their decision making and prioritisation of capital resources. HBDHB volunteered to be a NAMP pilot site and our critical building were assessed in 2018-19.

HBDHB also undertakes asset management planning at a local level and has a 10 year long term investment plan which outlines our planned asset expenditure. This will be updated once the strategic implementation plan for delivery of the CSP is developed and reflected in the refresh of our facility master plan.

Approvals at regional and national level are sought depending on the threshold of any proposed investment to help ensure that there is some national consistency in development of the health assets. We will continue to work nationally with the development of the various national initiatives and regionally on the development of a regional solution for our information technology applications.

Regional capital investment approaches are outlined in the Regional Service Plan and individual sections contain capital investment plans. Hawke's Bay DHB is committed to working with the regional capital planning committee on the development of our local plans and assisting our regional colleagues in development of the regional capital plan and its implementation.

Hawke's Bay DHB has a shareholding interest in, and receives shared services from:

- NZ Health Partnerships Ltd
- Central Region Technical Advisory Services Ltd
- Allied Laundry Services Ltd

Risk Registers are maintained throughout HBDHB with high and emerging risks and trends regularly reviewed at operational, senior management and governance levels.

4.2 Building capability

Over the past five years we have shifted our perspective to integration and the wider health system with our strategy 'Transform and Sustain'. In preparation for our new strategy, we completed the development of a CSP and a People Strategy in 2018/19 and those input pieces informed the development of this plan. In addition, the national review of the health system and the national mental health inquiry will also inform our response to our challenges and delivery against our national, regional and local objectives. Broadly, we expect to be focusing on some key areas of capability development, including:

- Enhancing workforce capability and capacity to deliver new models of care (see 4.3)
- Information technology and communications systems to support a much more mobile workforce and a growing digital strategy
- Capital and infrastructure development to focus on facilities off the hospital campus, and
- Cooperative developments with a range of stakeholders across the community, including inter-agency collaboration.

4.3 Workforce

Following the Big Listen and Korero Mai, two initiatives that were explicitly aimed at gathering better understanding of the people challenges faced by the local health system, HBDHB has developed it's five year People Plan. The intent of this strategy is to respond directly to the feedback received, align to the national workforce strategic priorities and accelerate and ensure that we have a fit for purpose workforce for the future.

The healthcare context is a fast paced, rapidly changing, hugely demanding and rewarding setting in which to work in. Health care professionals are usually intrinsically motivated to do the work they do and are values-driven in their relationship with work. Yet, the constant change, increased levels of demands and complexity, and the constraints around funding, leading to perceived reduction in support and control available to staff, are all significant challenges.

The People Plan is built around the need to embed our sector wide values into everything we do. We need to ensure that training keeps pace with technology changes and that our workforce reflects our cultural diversity. This will ultimately support and grow our staff to do their best, with a high level of satisfaction and engagement whilst continuing to deliver a high level of patient care which in turn realises the HBDHB's strategic direction.

Improving workforce composition is a key priority within all areas of health care and delivery. Growing both the Māori and Pacific workforce is one key component of the plan that requires growth within all levels including leadership. Additionally, the wellbeing and health & safety of all our people is another key priority for the 2019/20 year, with work underway to ensure that we provide a safe place, safe people and safe care.

Section 5: Performance measures

5.1 2019/20 Performance measure

The DHB monitoring framework aims to provide a view of performance using a range of performance markers. Four dimensions are identified reflecting DHB functions as owners, funders and providers of health and disability services. The four identified dimensions of DHB performance cover:

- Achieving Government's priority goals/objectives and targets or 'Policy Priorities'
- Meeting service coverage requirements and supporting sector inter-connectedness or 'System Integration'
- Providing quality services efficiently or 'Ownership'
- Purchasing the right mix and level of services within acceptable financial performance or 'Outputs'.

It is intended that the structure of the framework and associated reports assists stakeholders to 'see at a glance' how well DHBs are performing across the breadth of their activity, including in relation to legislative requirements, but with the balance of measures focused on Government priorities. Each performance measure has a nomenclature to assist with classification as follows:

The health and disability system has been asked to focus on the following priorities:

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention.
- Better population health outcomes supported by strong and equitable public health services
- Better population health outcomes supported by primary health care.

The DHB monitoring framework and accountability measures have been updated for 2019/20 to provide a line of sight between DHB activity and the health system priorities that will support delivery of the Government's priority goals for New Zealand and the health system vision and outcomes, within a system that has a foundation of financial, clinical and service sustainability and strong governance.

Performance measure		Expectation	
CW01	Children caries free at 5 years of age	Year 1	≥ 61%
		Year 2	≥ 61%
CW02	Oral health: Mean DMFT score at school year 8	Year 1	≤ 0.73
		Year 2	≤ 0.73
CW03	Improving the number of children enrolled in and accessing the Community Oral health service	Number of preschool children enrolled in DHB funded oral health services	≥ 95%
		Number of enrolled preschool and primary school children overdue for scheduled examinations	≤ 10%
CW04	Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years	Year 1	≥ 85%
		Year 2	≥ 85%
CW05	Immunisation coverage at 8 months of age and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza immunisation at age 65 years and over	95% of eight-month-olds olds fully immunised.	
		95% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age.	
		75% of boys and girls fully immunised – HPV vaccine.	
		75% of 65+ year olds immunised – flu vaccine.	
CW06	Child Health (Breastfeeding)	70% of infants are exclusively or fully breastfed at three months.	
CW07	New-born enrolment with General Practice	55% of new-borns enrolled in General Practice by 6 weeks of age.	
		85% of new-borns enrolled in General Practice by 3 months of age.	
CW08	Increased immunisation at 2 years	95% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years,	
CW09	Better help for smokers to quit (maternity)	90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.	
CW10	Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	
CW11	Supporting child wellbeing	Provide report as per measure definition	
CW12	Youth mental health initiatives	Initiative 1: Report on implementation of school based health services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities and actions undertaken to implement *Youth Health Care in Secondary Schools: A framework for continuous quality improvement* in each school (or group of schools) with SBHS.	
		Initiative 3: Youth Primary Mental Health.	
		Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB's youth population.	
CW13	Reducing rheumatic fever	Reducing the Incidence of First Episode Rheumatic Fever to ≤ 1.5 per 100,000	
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19) Māori, other & total	≥4.3%
		Age (20-64) Māori, other & total	≥5.4%
		Age (65+) Māori, other & total	≥1.15%
MH02	Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a quality transition or wellness plan.	
		95% of audited files meet accepted good practice.	
MH03	Shorter waits for non-urgent mental health and addiction services	Mental health provider arm	80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.
		Addictions (Provider Arm and NGO)	80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.

MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan	Provide reports as specified	
MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.	
MH06	Output delivery against plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.	
PV01	Improving breast screening coverage and rescreening	70% coverage for all ethnic groups and overall.	
PV02	Improving cervical screening coverage	80% coverage for all ethnic groups and overall.	
SS01	Faster cancer treatment – 31 day indicator	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	
SS02	Ensuring delivery of Regional Service Plans	Provide reports as specified	
SS03	Ensuring delivery of Service Coverage	Provide reports as specified	
SS04	Delivery of actions to improve Wrap Around Services for Older People	Provide reports as specified	
SS05	Ambulatory sensitive hospitalisations (ASH adult)	<4,219 per 100,000	
SS06	Better help for smokers to quit in public hospitals (previous health target)	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.	Only applies to specified DHBs
SS07	Planned care measures	Planned Care Measure 1: Planned Care Interventions 9817	

		Planned Care Measure 2: Elective Service Patient Flow Indicators	ESPI 1	100% (all) services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less)
			ESPI 2	0% – no patients are waiting over four months for FSA
			ESPI 3	0% - zero patients in Active Review with a priority score above the actual Treatment Threshold (aTT)
			ESPI 5	0% - zero patients are waiting over 120 days for treatment
			ESPI 8	100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool
		Planned Care Measure 3: Diagnostics waiting times	Coronary Angiography	95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)
			Computed Tomography (CT)	95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
			Magnetic Resonance Imaging (MRI)	90% of patients with accepted referrals for MRI scans will receive their scan,

				and the scan results are reported, within 6 weeks (42 days).
		Planned Care Measure 4: *Ophthalmology Follow-up Waiting Times*	No patient will wait more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service.	
		Planned Care Measure 6: *Acute readmissions*	≤11.8%	
SS08	Planned care three year plan	DHB to supply report		
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections	Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (duplication)	>1% and < =3%
			Recording of non-specific ethnicity in new NHI registration	>0.5% and < or equal to 2%
			Update of specific ethnicity value in existing NHI record with a non-specific value	>0.5% and < or equal to 2%
			Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and < or equal to 85%
			Invalid NHI data updates	Still to be confirmed

		Focus Area 2: Improving the quality of data submitted to National Collections	NPF collection has accurate dates and links to NNPAC and NBRS and NMDS for FSA and planned inpatient procedures.	Greater than or equal to 90% and less than95 %
			National Collections completeness	Greater than or equal to 94.5% and less than 97.5 %
			Assessment of data reported to the NMDS	Greater than or equal to 75%
		Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)	Provide reports as specified	
SS10	Shorter stays in Emergency Departments	95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours.		
SS11	Faster Cancer Treatment (62 days)	90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.		
SS12	Engagement and obligations as a Treaty partner	Reports provided and obligations met as specified		
SS13	Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)	Focus Area 1: Long term conditions	Report on actions to: Support people with LTC to self-manage and build health literacy.	
		Focus Area 2: Diabetes services	Report on the progress made in self-assessing diabetes services against the *Quality Standards for Diabetes Care.*	
			Ascertainment: target 95-105% and no inequity	

			HbA1c<64mmols: target 60% and no inequity No HbA1c result: target 7-8% and no inequity
		Focus Area 3: Cardiovascular health	Provide reports as specified
		Focus Area 4: Acute heart service	Indicator 1: Door to cath - Door to cath within 3 days for >70% of ACS patients undergoing coronary angiogram.
			Indicator 2a: Registry completion- >95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge and Indicator 2b: ≥ 99% within 3 months.
			Indicator 3: ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (ie have had an echocardiogram or LVgram).
			Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance >85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge - - Aspirin*, a 2nd anti-platelet agent*, statin and an ACEI/ARB (4 classes), and - LVEF<40% should also be on a beta-blocker (5-classes). ** An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents*.
			Indicator 5: Device registry completion- **≥ 99% of** patients who have pacemaker or implantable cardiac defibrillator implantation replacement have completion of ANZACS QI Device forms within 2 months of the procedure.
		Focus Area 5: Stroke services	Indicator 1: ASU: 80% of stroke patients admitted to a stroke unit or organised stroke service, with a demonstrated stroke pathway
			Indicator 2: Thrombolysis: 10% of potentially eligible stroke patients thrombolysed 24/7
			Indicator 3: In-patient rehabilitation: 80% patients admitted with acute stroke who are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission
			Indicator 4: Community rehabilitation: 60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.

SS15	Improving waiting times for Colonoscopy	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less.
		70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less.
		70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less.
		95% of participants who returned a positive FIT have a first offered diagnostic date that is within 45 calendar days of their FIT result being recorded in the NBSP IT system.
SS16	Delivery of collective improvement plan	tbc
SS17	Delivery of Whānau ora	Provide reports as specified
PH01	Delivery of actions to improve system integration and SLMs	Provide reports as specified
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	Provide reports as specified
PH03	Access to Care (PHO Enrolments)	Meet and/or maintain the national average enrolment rate of 90%.
PH04	Primary health care :Better help for smokers to quit (primary care)	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months
Annual plan actions – status update reports		Provide reports as specified

HAWKE'S BAY
District Health Board
Whakawāteatia

E83

Presented to the House of Representatives pursuant to sections 149 and 149(L) of the Crown Entities Act 2004

2019/20–2022/23 Statement of Intent

incorporating the

2019/20 Statement of Performance Expectations

Hawke's Bay District Health Board

Statement from the Chair

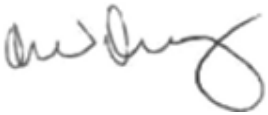
Transforming Hawke's Bay's health system to better support a growing population and a healthier Hawke's Bay is a key priority for Hawke's Bay District Health Board. The DHB's third Health Equity report, released in December 2018, provided a stark reminder that constant attention, and new ways of working are needed to maintain progress to eliminate inequities in health.

In 2017/2018 the DHB advised one of its refreshed targeted areas of priority was the development of a regional health proposal, the Clinical Services Plan (CSP). This planning aligns with the New Zealand Health Strategy and its five themes – people powered, closer to home, value and high performance, one team and smart system.

From this, a new strategy has since been formed based on 12 months of free and frank discussions with people who live and breathe health care in Hawke's Bay – from health professionals, support groups and regular users. It provides a structured framework for the DHB to measure its progress to deliver and sets out what services will be delivered, how they will be delivered and where they should be delivered.

The DHB's priority is to now to work on the finer details of the strategy and its implementation. This significant piece of work looks at the whole of the health system and the transformation of our health services over the next 10 years. Guiding our integrated planning process, the strategy will provide the mandate for our work with communities and whānau to develop health services, and enable us to prioritise the activities and investment required to achieve equitable health gains in Hawke's Bay.

Kevin Atkinson, Board Chair
Hawke's Bay District Health Board



Dan Druzianic, Board Member
Hawke's Bay District Health Board

Hawke's Bay District Health Board

Who we are

Hawke's Bay District Health Board (HBDHB) is one of 20 District Health Boards (DHBs) that were established by the New Zealand Public Health and Disability Act 2000 (NZPHD Act). HBDHB is the Government's funder and provider of public health services for the 166,400[1] people resident in the Hawke's Bay district. A map of the district, which is defined by the NZPHD Act is shown in Figure 1. In 2019/20, HBDHB's allocation of public health funds will be $524 million, 3.75%[2] of the total health funding that the Government allocates directly to all DHBs.

Our objectives[3] are to improve, promote and protect the health, well-being and independence of our population and to ensure effective and efficient care of people in need of health services or disability support services. To achieve this, HBDHB works with consumers, stakeholder communities and other health and disability organisations to plan and coordinate activities, develop collaborative and cooperative arrangements, monitor and report on health status and health system performance, participate in training of the health workforce, foster health promotion and disease prevention, promote reduction of adverse social and environmental effects, and ensure provision of health and disability services.

Funding and Provision of Services

Each DHB has a statutory responsibility for the health outcomes of its district population as well as an objective under law to seek optimum arrangements for the most effective and efficient delivery of health services. This requires the health system to be integrated at local, regional and national levels.

As a funder, HBDHB buys health and disability services from various organisations

Figure 1: Hawke's Bay District Health Board District

right across New Zealand for the benefit of our population.

We fund and work very closely with the Primary Healthcare organisation (PHO) Health Hawke's Bay – Te Oranga Hawke's Bay who coordinate and support primary health care services across the district. Health Hawke's Bay brings together General Practitioners (GPs), Nurses and other health professionals in the community to serve the needs of their enrolled populations.

Other organisations we fund may be community-based private entities, such as residential care providers or individual pharmacists, or may be public entities, such as other DHBs. In 2019/20 we will fund over $258 million worth of services from other providers. 77% (2018/19 76%) of those services will be from primary care and private providers mostly based in Hawke's Bay communities and the other 23% will be from other DHBs for more specialised care than is provided locally.

[1] Estimated for 2018/19 by Statistics New Zealand based on assumptions specified by Ministry of Health
[2] HBDHB share has marginally decreased from the 3.76% received in 2018/19.
[3] DHB performance objectives are specified in section 22 of the NZPHD Act.

As a provider, we supply health and disability programmes and services for the benefit of our population and on referral for other DHBs' patients. This includes a full range of services from prevention through to end-of-life care that are provided through resources owned or employed directly by us. Where we cannot provide the necessary level of care locally, we refer patients to other DHBs and larger centres with more specialised capability.

Because population numbers are too small to justify a full range of service provision in every district, each DHB is also part of a regional grouping that is coordinated to optimise service delivery. HBDHB is part of the Central Region along with Whanganui, Mid-Central (Manawatu), Capital and Coast (Wellington & Kapiti), Hutt Valley and Wairarapa DHBs. There are approximately 928,000 people living in the Central Region - around 19% of the total New Zealand population.

Despite this larger grouping, a small number of specialised services cannot be efficiently provided even at the regional level and these are, therefore, arranged as national services located at one or two provider hospitals for the whole of New Zealand. Examples are clinical genetics and paediatric cardiology. These services are planned and funded centrally by the National Health Board with all DHBs having access.

Organisational Overview

With just over 3,000 employees, HBDHB is the district's largest employer. Our provider arm is known as Provider Services and our frontline services are delivered to patients and consumers across the district in a number of settings. For example, we provide public health programmes in schools and community centres, inpatient and outpatient services in leased and owned health facilities, and mobile nursing services in people's homes. The main health facilities include Hawke's Bay Fallen Soldier's Memorial Hospital, Wairoa Hospital and Health Centre, Napier Health Centre and Central Hawke's Bay Health Centre. In addition, we have significant investment in clinical equipment, information technology and other (non-clinical) moveable assets. Corporate and clinical support services are located appropriately to provide effective back-up to our frontline services.

Our organisation is governed by a Board with eleven members, seven of whom are elected every three years (next election takes place in 2019) and four of whom are appointed by the Minister of Health. The Board is advised by four committees that include clinical, community and consumer representation. The Board employs the Chief Executive Officer to lead an executive management team, who oversee the day-to-day operations of the organisation.

Our population

In 2019/20, the Hawke's Bay district population is estimated to grow to nearly 168,000 people. Most of our population live in Napier or Hastings, two cities located within 20 kilometres of each other that together account for more than 80% of the total numbers. About 10% of the population live in or close to Wairoa or Waipukurau, which are relatively concentrated rural settlements, and the remaining 10% live in rural and remote locations.

Compared to New Zealand averages, there are some important differences in the makeup of our population – we have a higher proportion of Māori (26% vs 16%), more people aged over 65 years (18% vs 15%) and more people living in areas with relatively high material deprivation (28% vs 20%). The 2013 New Zealand Index of Deprivation (NZDep13)[4] explains how relative deprivation, as one measure of socio-economic status, is an indication of disadvantage in terms of people's opportunity to access and use the health system.

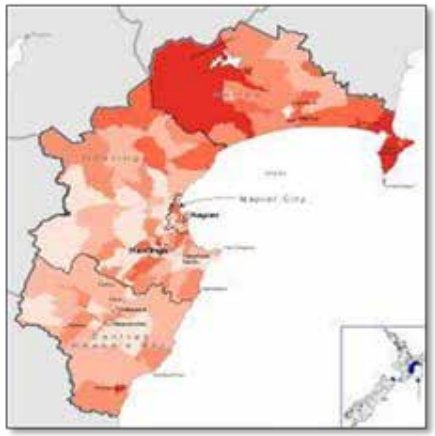


Figure 2: Hawke's Bay District relative deprivation – Darker colour higher deprivation, and lighter colour, lower deprivation update

Health status

In 2018 we produced our third Health Equity report, an analysis and report on health status in Hawke's Bay. Equity in health means that all groups have fair opportunity to reach their full potential for a healthy life. The main focus of the report is to continue monitoring progress against previously reported equity measures thereby holding ourselves to account, and the identification of successful approaches and identifying the greatest opportunities to eliminate health inequities. The report also took a more in-depth analysis into understanding some of the root causes of inequity and some the pathways by which social position contributes to inequity in Hawke's Bay.

The key message from the report is that Māori, Pacific people, and people living in greater socio-economic deprivation are still more likely to die early from avoidable causes.

Whilst a recent study showed that Hawke's Bay DHB was one of the New Zealand's' most successful DHBs in improving life expectancy for Māori for the period 2006 to 2013[5] the findings from the 2018 Equity Report is less positive with most measures of early and avoidable deaths showing no further progress has been made over the last two years of available data (2012-2014). Some of these issues of inequity are clearly linked to deterioration in socioeconomic conditions. For example we know the housing situation for many whānau in Hawke's Bay has deteriorated and we are working across sector with our partners locally and nationally on these issues.

[4] NZDep2013 is a measure of the average level of deprivation of people living in an area at a particular point in time relative to the whole of New Zealand. The 2013 index was based on nine variables: - 2 related to income plus home ownership, family support, employment status, qualifications, living space, communications, transport. Result quoted is based on mesh-block data.

[5] SandifordP, Consuelo DJJV, Rouse P. How efficient are New Zealand's' District Health Boards at producing life expectancy gains for Māori and Europeans? Australia and New Zealand Journal of Public Health. 41(2)2017

Health Equity Report key findings:

- For Māori nearly a quarter of all avoidable deaths can be prevented if we can improve **heart health.**
- Another quarter will be prevented when we prevent **lung cancer deaths** through smokefree living (and early detection and more effective treatment) and when we address the underlying causes of **suicide** and **vehicle crashes.**
- For Pacific people we also need to focus on preventing and managing **diabetes** and preventing **stroke**.
- Pacific pre-schoolers are experiencing higher rates of avoidable hospital stays, particularly for **skin infections**, and have the highest rates of **dental decay** the time they reach school
- Avoidable hospital stays for Māori and Pacific adults aged 45-64 are increasing. This is driven by increases in hospital stays for **heart attacks, chronic lung disease** and **skin infection.**

The potential, however, for health services to eliminate health inequity is clearly demonstrated by our continuing progress in immunisation and screening. Successes in delivering these preventative services show what can be achieved when we purposefully set out to understand the needs of our community and delivery our services in a way that meets the needs of whānau.

We need to learn from these successes to address other inequity such as those in sexually transmitted infection. We know from successful programmes both in Hawke's Bay and elsewhere that tackling inequity requires system and culture change, deliberate and sustained focus, realistic resourcing, accountability at all levels, and real community partnership. All critical components baked into our new strategy.

The full Health Equity Report can be accessed from our website. Health status reviews rely on up-to-date population information and HBDHB conducts periodic updates with full reviews following the release of Census data. The next full review is expected to be conducted by 2021.

PART B

Statement of Intent incorporating the Statement of Performance Expectations including Financial Performance

Section 1: Strategic direction (SOI)

1.1 Strategic Outcomes

Why a health strategy?

The health system is made up of a range of organisations contributing to the health of New Zealanders and local communities. As the New Zealand Health Strategy points out, to perform to a high standard the system needs more than a skilled workforce and resources. It needs a shared view of its overall purpose and the direction it is going, combined with effective ways of working.

> 'A strategy is a guide for achieving the sort of future that you want. It can help people, organisations or a whole system work together more effectively on the most important things. Without a strategy, small problems today can become big problems over time'.
>
> — New Zealand Health Strategy

Hawke's Bay District Health Board has a role to lead the Hawke's Bay health system and strengthen the links between its different parts. But we recognise that our partners will lead and support much of the transformation required in the sector. We also acknowledge that health and wellbeing are not solely influenced by the health sector and working with inter-sectoral partners is critical in people living and staying well.

Where are we at?

Over the last five years, we have shifted our perspective from DHB services to whole-system management and engagement with iwi and post-settlement governance entities. We set up our Consumer Council to work alongside our Clinical Council and Māori Relationship Board and have generally performed well over a number of years. Success in preventative services such as immunisation and screening show what can be achieved when we purposefully set out to understand the needs of our community and deliver our services in a way that meets the needs of whānau.

Despite the progress we have made many challenges still remain. Our 2018 Health Equity Report shows large inequities in health persist for Māori, Pasifika and those with the least social and economic resources. Demographic changes will increase pressure on our already stretched health services. If we continue to do things the way we do now the number of primary care consultations, hospital appointments and inpatient stays will outstrip population growth.

Māori and Pasifika, people with disabilities, people with experience of mental illness or addiction, and those living in socioeconomic deprivation continue to experience unacceptable inequities in health outcomes.

It is clear we need a new approach if we are to achieve equity amongst our population and meet future demand. We need to redesign our health system for the future and take bold decisions that will ensure we deliver the best and fairest outcomes for all people in Hawke's Bay.

A focus on people

At its heart, our strategy is about people — as members of communities, whānau, hapū and iwi. We exist because of them and we recognise that people and whānau are the experts in their own lives. We need to focus more on the places people spend their time and take the delivery of healthcare outside traditional clinical venues. We need to plan and deliver health services in the wider context of people's lives, and consider how we include cultural practices (eg, mirimiri and rongoā Māori). This strategy describes our goals to empower and partner with people and whānau, and work across agencies to improve the conditions of life, so that everyone has fair opportunity to achieve good health and wellbeing.

There are two priority population groups that we need to respond to: whānau with children, and older people. We need to support the whole whānau to achieve goals and aspirations and ensure children have the best start in life. At the same time, we recognise our population is ageing and we will step up our response to keep older people well at home and in their communities.

We will turn to our people to find solutions. The District Health Board must act as a careful steward of health resources in Hawke's Bay, which is a challenging task. We need our community to help us so that we invest in the areas that matter most to people and whānau. This strategy prioritises health improvement of populations with the poorest health and social outcomes.

Our commitment to the Treaty of Waitangi

The New Zealand Public Health and Disability Act holds us accountable for recognising and respecting the principles of Te Tiriti o Waitangi, the Treaty of Waitangi. Our Treaty relationship is premised on our Memorandum of Understanding with Ngāti Kahungunu, and is represented by the Māori Relationship Board which provides governance direction between the two entities. We are committed to improving health outcomes for Māori, increasing Māori representation in the health workforce, and ensuring a culturally safe and responsive health system.

Partnership – working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate services.

Participation – involving Māori at all levels of the sector in decision making, planning, development and delivery of services.

Protection – working to ensure Māori have at least the same level of health as non-Māori and safeguarding Māori cultural concepts, values and practices.

How does the Strategy fit with other plans?

We have done a lot of listening, thinking and planning over the last two years. Our Clinical Services Plan sets out the challenges and opportunities the system faces and describes concepts for the future we want. Our People Plan describes the culture and values we want and how we will grow our people to deliver on those concepts. The evidence in our Health Equity Report gives weight to the call for a bolder approach to resolving on-going inequities. At the same time we are developing a Digital Health Strategy and Finance Strategy that will enable the implementation of our strategies and plans.

Each of the plans we have produced is an important part of the process and this Strategy is the conclusion of that phase. We have written this Strategy to ground the strategic themes that have emerged as common threads in our more detailed work.

Our Strategy sets the compass to guide us for the next ten years. Each of the supporting documents is a key reference and guide that we will continuously refer to as we implement our strategy over the next five years…and the five years after that.

Rūia taitea kia tū ko taikaka ānake
(Discard the sapwood to uncover the hardwood)

The wider context

The Government has undertaken or is in the process of important work that will shape the evolution of our health system. That work includes the refreshed New Zealand Health Strategy, the response to the Inquiry into Mental Health and Addiction, the Health and Disability System Review, and the Government's wellbeing budget approach. The Treasury has adopted a Living Standards Framework that aligns stewardship of the public finance system with an inter-generational wellbeing approach.

The kaupapa of this Strategy aligns with the principles and values articulated by central Government and but the 'how' will have a distinctly Hawke's Bay flavour as we co-design responses with our local communities. As a region the Matariki partnership provides a wider context and further enables us to achieve our vision.

Turning strategy into action

We are developing a five year implementation plan so we can 'get on and do it'. We need to be clear about what needs to happen and when, and who is responsible. This Strategy has a 10-year outlook but making it happen requires some shorter-term signposts. The implementation plan will prioritise and describe concrete actions with timeframes and budget requirements, identify key risks and dependencies, and define performance indicators (measures) so we can monitor our progress. The Plan will be periodically updated throughout the lifetime of this 10-year strategy.

Population health outcomes

The purpose of the health system is to achieve good health outcomes. This strategy directs us to do things in a different way to how we've done them in the past so we can make better progress in outcomes and equity of outcomes.

Our high-level accountabilities should be focused on outcomes rather than the processes by which they are achieved. We will develop a robust population health outcomes framework to monitor results in the design and delivery of health services. The national System Level Measures are important indicators of system performance.

Improved use of information will help the system as a whole to better target populations with unmet need. We will do this with a cascade of monitoring. For example, if we don't see the changes we are working towards in our outcomes framework, we will look at the performance indicators in the implementation plan for this strategy and see where we need to 'adjust the dials'.

System goals

We have identified six system goals we need to achieve if we are to fulfil our mission and realise our vision. Goals are broad primary outcomes, that is, statements of what we hope to achieve in our system that give further definition to our vision. These goals have emerged as common system characteristics across our collective planning work and equity monitoring. That planning work involved extensive engagement with consumers and people working in the Hawke's Bay health system; and community consultation on the concepts put forward in our Clinical Services Plan.

1. Pūnaha Ārahi Hāpori
Community-led system

2. He Paearu Teitei me ōna Toitūtanga
High performing and sustainable system

3. He Rauora Hōhou Tangata, Hōhou Whānau
Embed person and whānau-centred care

4. Māori Mana Taurite
Equity for Māori as a priority; also equity for Pasifika and those with unmet needs

5. Ngā Kaimahi Āhei Tōtika
Fit-for-purpose workforce

6. Pūnaha Tōrire
Digitally enabled health system

Headline objective

Increase healthy life expectancy for all and halve the life expectancy gap between Māori and non-Māori

This objective is a high-level measure which will help us track achievement of our vision and mission. We also want to reduce the gap for Pasifika and people with unmet need - however it is more difficult to accurately measure life expectancy for these groups.

We know that there are many complex factors that contribute to life expectancy and we don't have control or influence over all of them. We want all groups in our community to enjoy the same length of life, but we know that our health strategy cannot achieve this alone. Closing the life expectancy gap requires collaborative cross-government action to improve general socio-economic, cultural and environmental conditions; and ensure that living and working conditions are equitable.

But we do have a major part to play. The stark message from our Health Equity Report is that Māori, Pasifika and people living in socio-economic deprivation are still more likely to die from avoidable causes. For Māori, nearly a quarter of all avoidable deaths can be prevented if we can improve heart health. Another quarter will be avoided if we prevent lung cancer deaths through smoke-free living, and when we address the underlying causes of suicide and vehicle crashes. For Pasifika we also need to focus on preventing and managing diabetes and preventing stroke.

Pūnaha Ārahi Hāpori
Community-led system

Health services will be designed and delivered to meet the needs identified by our communities, whānau and consumers.

Why is this important?

We need to find new ways of doing things if we are to achieve equity within our population and meet future demand. We must turn to our communities for the solutions. Our communities are many and varied, including: iwi and hapū, geographical areas (including some small but relatively isolated rural communities), and groups of people with shared identity, experiences or interests. We need to identify and partner with different forms of local leadership to help transform our health system.

Wellness starts at home and in the community. Achieving equitable population health outcomes requires inter-sectoral collaborative action, driven by the wants and needs of communities. Our role is to support community-led planning and action by pooling expertise and resources — supporting communities to address long-standing social determinants of health in Hawke's Bay.

We want to make sure the health services we provide support community goals and reinforce communities to become less dependent on services. This means we need to give up some control. We need to co-design services with the people that will use them, and follow through to implementation. We bring information and certain expertise to the table, but will support communities to design ground-up service responses to meet their needs. Everyone knows that resources are limited. Communities have local knowledge that can help us to provide cost-effective and sustainable services.

He Paearu Teitei me ōna Toitūtanga
High performing and sustainable system

Delivering the best possible quality, safe, effective, efficient and sustainable services to meet the needs of our population within the funding available.

Why is this important?

Our system performs well in many areas but we can and must do better to meet the demand arising from population ageing and social change. We have opportunities to do things differently and need to embrace every opportunity to provide better care within our available resources.

The health system cannot afford to build bigger and bigger hospitals. We need to base services in primary care as much as possible and focus on proactive and preventive care. At the same time we need to implement strategies to reduce the demand for acute hospital admission. That will allow our hospital to focus on specialist assessment, decision making and intensive treatment.

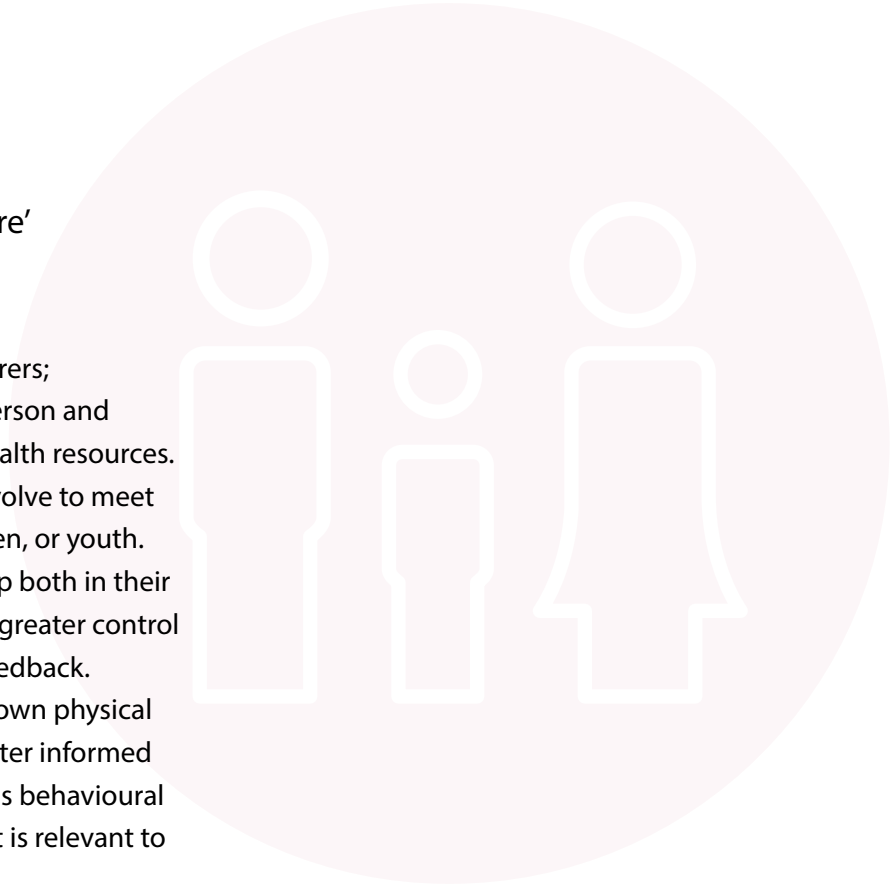
When there is a need for inpatient hospital care we will engage consumers, their whānau and community providers in planning for well supported transitions from hospital.

Through honest and respectful conversations with people and whānau we can stop doing things that are clinically ineffective or offer little value or are not what people want. If we cut out waste in the delivery of services we can then deliver different, better or more extensive services within our available resources.

Technology offers us new ways of interacting with people and we need to modernise our business processes and change our traditional ways of doing things.

He Rauora Hōhou Tangata, Hōhou Whānau
Person and whānau-centred care

Person and whānau-centred care will become 'the way we do things around here'



Why is this important?

A person and whānau-centred approach has its focus on people, their whānau, friends and carers; understanding their needs and aspirations and what matters to them. Research shows that person and whānau-centred care improves health outcomes and consumer experience, and the use of health resources.

Embedding a person and whānau-centred approach means that our models of care will evolve to meet the specific needs of different groups of consumers, such as older people, families with children, or youth. We need to develop new ways of working alongside people to ensure that they feel ownership both in their own health journey and the system as a whole. Digital technology will enable people to have greater control of their personal health information and plan, access services in different ways and provide feedback.

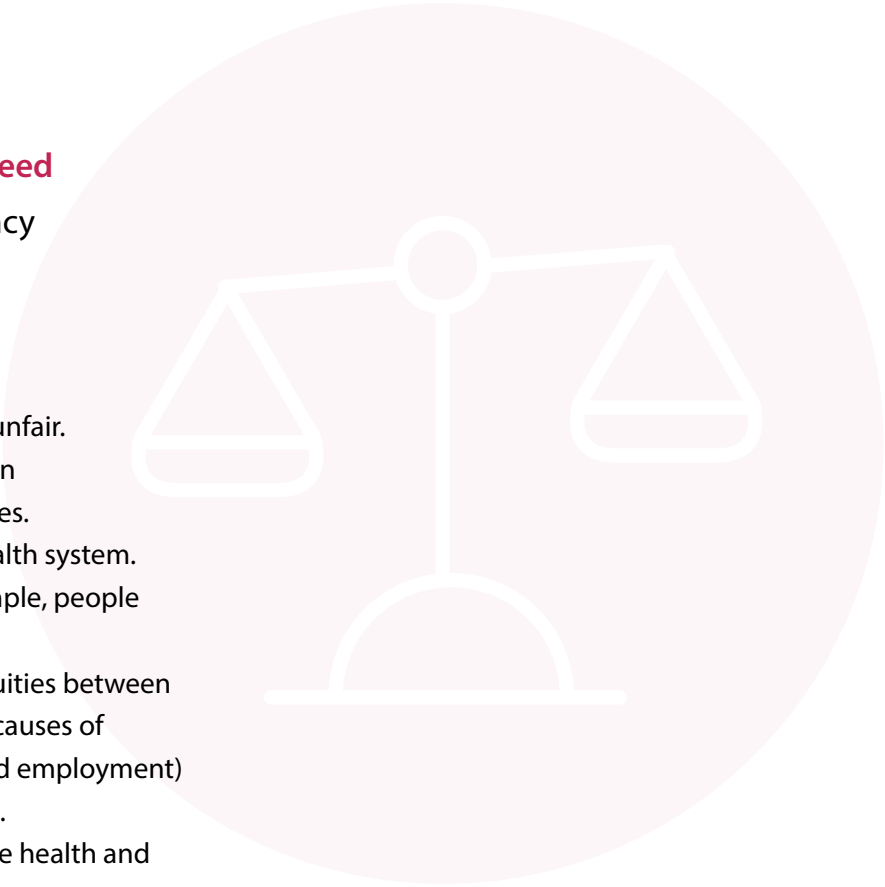
We need to change our focus to a wellbeing model that supports people to manage their own physical and mental wellbeing. When we make health easy to understand people are able to make better informed and more appropriate health decisions. We also need to develop new types of services, such as behavioural services that help with psychological, emotional, relationship and cultural issues; in a way that is relevant to individuals and whānau, across the life course.

Creating a culture that is person and whānau-centred will require a fundamental shift in behaviours, systems, processes and services for people working across the Hawke's Bay health system.

Māori Mana Taurite

Equity for Māori as a priority; also equity for Pasifika and those with unmet need

Increase the life expectancy of all, while focussing on reducing the life expectancy gap for Māori, Pasifika and people with unmet need



Why is this important?

Different groups in our community have differences in health that are not only avoidable but unfair. Māori and Pasifika, people with disabilities or who experience mental illness; and those living in socioeconomic deprivation, continue to experience unacceptable inequities in health outcomes.

Achieving equitable health outcomes underpins all of our priorities for the Hawke's Bay health system. A genuine equity focus means that we commit to working with hard to reach groups, for example, people without a home, gang affiliated, or prison populations.

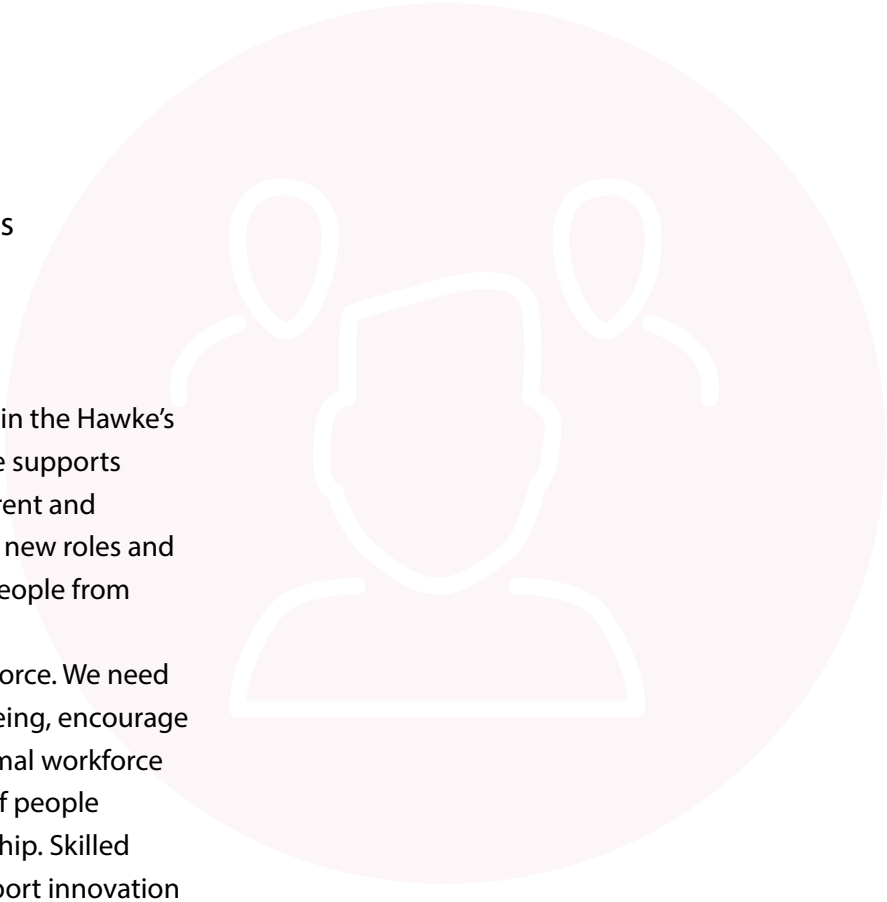
We have an obligation to provide services that are high quality and do not add to the inequities between population groups. We need to work with our inter-sectoral partners to tackle the underlying causes of inequity. Differences in socioeconomic determinants of health (such as housing, education and employment) are often long-term, inter-generational and as a result are ingrained in individuals and families.

We need to support community development, supporting whānau, hapū and iwi to achieve health and wellbeing of their people, which in turn will benefit all in our community.

We have control over the structural problems built into our health services and we can make immediate progress on this. An equitable system recognises that different people with different levels of advantage require different approaches and resources to achieve the same outcome. Resources will be refocused in the areas that will make a real difference to eliminating unmet need and inequities. Whānau will be equal partners in planning and co-design of services that are mana-enhancing and focussed on what matters the most to them.

Ngā Kaimahi Āhei Tōtika
Fit-for-purpose workforce

Align the health sector workforce capacity and capability with the future models of care and service delivery



Why is this important?

Our goal for the future is a system with a fit-for-purpose workforce. The people who work within the Hawke's Bay health system are our greatest asset, and a well-skilled, supported and engaged workforce supports high quality care. It is important that we have a workforce whose size and skills match our current and future needs. This will mean developing new or stronger skills for some and the emergence of new roles and competence and a more cohesive team approach. We also need to reduce barriers that stop people from using their skills flexibly and fully.

We are in the business of supporting people to be well and that applies to our entire workforce. We need to attract high-quality people to work in Hawke's Bay, nurture talent, look after people's wellbeing, encourage improvement and celebrate success, and provide a satisfying professional life. Beyond the formal workforce it will become increasingly important to enable whānau and other individuals as supporters of people close to them. In order to deliver on this health strategy we will need transformational leadership. Skilled leadership underpins engagement and growth in the capability and capacity of teams to support innovation and drive change.

Pūnaha Tōrire
Digitally-enabled health system

Delivering and sharing information and insights to enable new models of care, better decisions and continuous improvement

Why is this important?

A digitally-enabled health system integrates people, information, processes and technology to deliver better health outcomes. It has its focus firmly on people and outcomes, implementing smarter 'ways of doing things' that create the greatest value and enable us to achieve our strategic goals.

We must make information easy to access and share to implement new models of care. Trusted information needs to be available any time, any place and across different channels according to people's preferences and situations. Giving people access to their own digital health record enables them to have greater control of their healthcare journey.

We need to unlock the power of data to deliver insights that help people make better and faster decisions. Better use of data will enable us to measure and improve the quality and effectiveness of health services.

We will develop a continuous service improvement culture to ensure we get best value from our system. This means streamlining workflow and developing more iterative and rapid ways of doing things. We want to make it quicker and easier, and provide the solutions our people and communities need to improve health services and outcomes.

We need to make sure we have the core technology, along with rules for collecting, storing and using data, to enable access and integration.

Section 2: Managing our Business (SOI)

2.1 Managing our business

Organisational Performance Management

Given the scale and scope of our services, HBDHB has developed and implemented a comprehensive organisational performance management framework. This provides for the provision of relevant reports and performance management decision making at appropriate levels. Reports provided as part of this framework include:

Strategic

- MoH – DHB Performance Monitoring
- HBDHB Strategic Dashboard.

Operational

- Exceptions Report on Annual Plan performance
- Te Ara Whakawaiora – reporting on key Maori health indicators
- Pasifika Health Dashboard
- MoH Quarterly Health Target Report.
- Risk Management
- Monthly Strategic and High / Emerging Risk Report
- Occupational Health and Safety.

General

- Chief Executive Report
- Financial Performance
- Human Resources Key Performance Indicators
- Strategic Programme Overview.

Funding and Financial Management

HBDHB, as the lead Government agent for the Hawke's Bay public health budget, must always seek to live within its means, prioritise resources and manage in a fiscally responsible manner. In common with trends across the health sector, HBDHB has faced increasing difficulty in achieving financial balance, due to the cumulative effect of funding below the real cost pressures over a number of years. Following many years of surplus, HBDHB has posted a financial deficit for the last two financial years, as shown in the table below.

Financial Year	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Surplus/ (Deficit)	$3.222m	$3.054m	$4.366m	$3.567m	($8.576m)	($11.950m)*

*For the 2018/19 year the Operational Result is before the provision for Holidays Act remediation of $7m and full impairment of Finance, Procurement and Information Management system (FPIM) of $2.6m. The total deficit including these items will be $21.588m. The Holidays Act remediation estimate is still subject to review and approval by external auditors.

Due to the sustained pressure on our resources we planned a deficit for 2018-19, with the intent to return to a balanced budget in 2019-20. However increasing cost pressures and difficulties in delivering further sustainable savings in a challenging environment means that achieving a balanced plan for 2019-20 would impact quality of care. Consequently we are setting a deficit plan for 2019-20 of $12.9m.

The coming year will be a foundation year in our long-term strategy. Alongside strategy implementation, we will be working to deliver sustainable tactical changes which ensure we continue to deliver high quality services that are clinically appropriate and support achievement of equity goals, in a financially sustainable way.

This will require:

- prioritisation of resources to deliver the best health return from the funding available
- a focus on productivity, with effective management of cost drivers and robust planning of demand, capacity and capability, to improve performance whilst managing cost.

Over the longer term, we anticipate that our work outlined in the strategy and delivery of the Clinical Services Plan (CSP), enabled by a financial strategy which walks alongside this, will support sustainable changes to how our services are resourced and delivered. The CSP will require a fundamental transformation of models of care, with intervention occurring at the lowest cost opportunity. This is not about shifting resources from one provider to another, but changing the service model.

Investment and Asset Management

The MoH plans to establish a National Asset Management Plan (NAMP) by December 2019, to support them in their decision making and prioritisation of capital resources. HBDHB volunteered to be a NAMP pilot site and our critical building were assessed in 2018-19.

HBDHB also undertakes asset management planning at a local level and has a 10 year long term investment plan which outlines our planned asset expenditure. This will be updated once the strategic implementation plan for delivery of the CSP is developed and reflected in the refresh of our facility master plan.

Approvals at regional and national level are sought depending on the threshold of any proposed investment to help ensure that there is some national consistency in development of the health assets. We will continue to work nationally with the development of the various national initiatives and regionally on the development of a regional solution for our information technology applications.

Regional capital investment approaches are outlined in Regional Services Plan and individual sections contain capital investment plans. HBDHB is committed to working with the regional capital planning committee on the development of our local plans and assisting our regional colleagues in development of the regional capital plan and its implementation.

HBDHB has a shareholding interest in, and receives shared services from:

- NZ Health Partnerships Ltd
- Central Region Technical Advisory Services Ltd
- Allied Laundry Services Ltd

Risk Management

Risk Registers are maintained throughout HBDHB with high and emerging risks and trends regularly reviewed at operational, senior management and governance levels.

Quality Assurance and Improvement

The HBDHB is committed to improving quality of the services we deliver and apply a quality framework in line with the New Zealand Triple Aim:

- Improved quality, safety and experience of care
- Improved health and equity for all populations
- Best value for public health system resource

We use the MoH approved model for improvement framework designed for developing, testing and implementing changes that lead to sustained improvements. And the national HQSC Quality and Safety markers are used by our governance groups to monitor and report our patient safety and improvement performance, with our Quality Accounts published annually.

The most recent audit review against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008), was a mid-way Surveillance Audit undertaken in January 2018, a summary of this audit can be found here.

Section 3: Statement of Performance Expectations (SPE)

3.1 Statement of Performance Expectations (SPE)

This section includes information about the measures and standards against which Hawke's Bay District Health Board's (HBDHB) service performance will be assessed. For the purpose of our Statement Performance Expectations (SPE), our services are grouped into four reportable Output Classes:

- Prevention Services
- Early Detection and Management Services
- Intensive Assessment and Treatment Services
- Rehabilitation and Support Services.

The outputs and measures presented are a reasonable representation of the full range of services provided by the organisation. Where possible, we have included past performance (baseline data) and the performance target to give the context of what we are trying to achieve and to enable better evaluation of our performance.

Service Performance

Explaining the contribution that our services make towards achieving the population and system level outcomes and impacts outlined in our SoI, requires consideration of service performance. For each output class, we will assess performance in terms of the New Zealand Triple Aim. Maintaining a balance of focus across the Triple Aim is at the core of the Health Quality and Safety Commission's drive for quality improvement across the health sector.

The system dimension: Best value for public health system resources

For each output class we show expected funding and expenditure to demonstrate how output class performance will contribute to the outcome of a financially sustainable system.

The population dimension: Improved health and equity for all populations

Services may target the whole population or specified sub-populations. In either case we select measures that apply to the relevant group. These measures usually refer to rates of coverage or proportions of targeted populations who are served and are indicative or responsive to need.

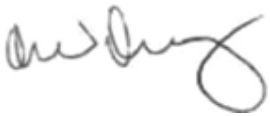
The individual dimension: Improved quality, safety and experience of care

Ensuring quality and safety, within hospitals and wider health services, is a fundamental responsibility of DHBs'. Measurements in this dimension indicate how well the system responds to expected standards and contributes to patient and consumer satisfaction.

Note: all targets are an annual target or, where monitored quarterly, show the expected performance by the end of quarter four. Targets are set at the total population level and monitored, where appropriate, across different population groups to gauge the equity of results. A detailed technical description of each indicator is available in a data dictionary maintained by our information services.

The HBDHB SPE for the 2019/20 year follows:

Kevin Atkinson, Board Chair
Hawke's Bay District Health Board



Dan Druzianic, Board Member
Hawke's Bay District Health Board

3.2 Output Classes

Output Class 1: Prevention

Prevention Services are publicly funded services that protect and promote good health in the whole population or identifiable sub-populations comprising services designed to enhance the health status of the population, as distinct from treatment services which repair or support health and disability dysfunction. Prevention Services address individual behaviours by targeting population-wide physical and social environments to influence health and wellbeing. Prevention Services include: health promotion and education services; statutory and regulatory services; population-based screening programmes; immunisation services; and, well child and school services.

On the continuum of care, Prevention Services are population-wide and are designed to focus attention on wellness of the general population and on keeping the "at risk" population healthy. It is important to emphasise that the concept of wellness extends to the entire population, including those who already have a health condition or disability.

Objective: People are better protected from harm and more informed to support healthier lifestyles and maintenance of wellness

Through collective action with communities and other sectors, we aim to protect the general population from harm and keep them informed about good health so they are supported to be healthy and empowered to take control of their wellbeing. We aim to reduce inequities in health outcomes as quickly as practicable and we recognise that they often arise out of issues that originate outside the health system. Prevention programmes include the use of legislation, policy, education and community action to increase the adoption of healthy practices amongst the population and to overcome environmental barriers to good health.

Prevention Services ***For the year ended 30 June*** *in millions of New Zealand Dollars*	2018 Actual	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Ministry of Health	9.3	8.6	9.1	9.4	9.7	10.1
Other sources	0.4	0.4	0.4	0.4	0.4	0.4
Income by Source	**9.7**	**9.0**	**9.5**	**9.8**	**10.2**	**10.5**
Less:						
Personnel	1.3	2.0	2.1	2.2	2.2	2.3
Clinical supplies	-	0.1	0.1	0.1	0.1	0.1
Infrastructure and non clinical supplies	0.3	0.5	0.5	0.5	0.5	0.6
Payments to other providers	6.9	6.5	6.9	7.0	7.3	7.5
Expenditure by type	**8.5**	**9.1**	**9.6**	**9.8**	**10.1**	**10.5**
Net Result	**1.2**	**(0.1)**	**(0.1)**	**0.0**	**0.0**	**0.0**

Detailed plans for the new investment and efficiency programmes have yet to be defined, and the impact of the programmes on financial performance have been recognised under clinical supplies in the Intensive Assessment and Treatment output class. When the plans are determined, the efficiencies will be reclassified and could affect any line in any output class.

Table 1 - Funding and Expenditure for Output Class 1: Prevention Service

Short Term Outcome	Indicator	New Nomenclature	MoH Measure	Baseline					2019/20 Target
				Period	**Māori**	Pasifika	Other	Total	
Better help for smokers to quit	% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking	SS06	PP31	Jan-Dec 2018	97%	96%	96%	96%	≥95%
	% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	PH04	HT	Jan-Dec 2018	82%	81%	89%	85%	≥90%
	% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking	CW09	HT	Jan-Dec 2018	88%	N/A	N/A	85%	≥90%
	SLM Number of Māori babies who live in a smoke-free household at 6 weeks post-natal	PH01	SI13	Jan-Jun 2018	20.9%	45%	64%	45%	≥21.9% Māori
Increase immunisation	% of 8 month olds will have their primary course of immunisation (6 weeks, 3 months and 5 month events) on time	CW08	HT	Jan-Dec 2018	92%	97%	92%	92%	≥95%
	% of 4 year olds fully immunised	CW05	PP21	Jan-Dec 2018	90%	88%	92%	90%	≥95%
	% of boys & girls fully immunised – HPV vaccine	CW05	PP21	Jul 2017-Jun 2018	85%	88%	70%	76%	≥75%
	% of 65+ year olds immunised – flu vaccine	CW05	PP21	Mar-Sep 2018	53%	52%	59%	58%	≥75%
Reduced incidence of first episode of rheumatic fever	Acute rheumatic fever initial hospitalisation rate per 100,000	CW13	PP28	Jul 2016 – Jun 2017	tbc	tbc	tbc	tbc	≤1.5 per 100,000
Improve breast screening rates	% of women aged 50-69 years receiving breast screening in the last 2 years	PV01	SI11	Two Years to Dec 2018	70%	67%	76%	74%	≥70% all ethnicities
Improve cervical screening coverage	% of women aged 25–69 years who have had a cervical screening event in the past 36 months	PV02	SI10	Three Years to Dec 2018	76%	72%	78%	76%	≥80% all ethnicities
Better rates of breastfeeding	% of infants that are exclusively or fully breastfed at 3 months	CW06	PP37	Six months to Dec 2018	43%	58%	N/A	57%	≥60%

Output Class 2: Early Detection and Management Services

Early Detection and Management Services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings to individuals and small groups of individuals. The Output Class includes primary health care, primary and community care programmes, child and adolescent oral health and dental services, pharmacist services, and community referred tests and diagnostic services. The services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the district. On the continuum of care these services are mostly concerned with the "at risk" population and those with health and disability conditions at all stages.

Objective: People's health issues and risks are detected early and treated to maximise wellbeing

For people who are at risk of illness and or injury, we will undertake activities that raise awareness and recognition of risky behaviours and practices and improve the opportunity of early detection of health conditions. If people are assisted to identify risk early, and those at risk are screened to detect health conditions early, then behavioural changes and treatment interventions are often easier with less complications and greater chances of returning to a state of good health or of slowing the progression of the disease, injury or illness. Targeting environmental barriers to good health and connecting people with health services earlier is the intention because early detection of health issues or risks leads to better opportunities to influence long-term outcomes.

Early Detection and Management						
For the year ended 30 June	2018	2019	2020	2021	2022	2023
in millions of New Zealand Dollars	Actual	Forecast	Projected	Projected	Projected	Projected
Ministry of Health	112.6	140.2	145.2	150.3	155.4	160.5
Other District Health Boards (IDF)	3.0	2.1	2.1	2.2	2.3	2.3
Other sources	2.6	3.5	3.1	3.2	3.3	3.4
Income by Source	**118.2**	**145.8**	**150.4**	**155.6**	**161.0**	**166.3**
Less:						
Personnel	18.7	32.3	33.9	35.1	36.2	37.5
Outsourced services	2.6	5.8	4.9	5.1	5.3	5.4
Clinical supplies	1.2	3.5	3.3	3.3	3.0	3.0
Infrastructure and non clinical supplies	3.3	9.5	9.3	9.6	9.8	10.2
Payments to other District Health Boards	2.7	2.8	2.9	3.0	3.1	3.2
Payments to other providers	91.4	93.2	100.0	102.0	105.5	109.1
Expenditure by type	**119.9**	**147.1**	**154.3**	**158.0**	**162.9**	**168.4**
Net Result	**(1.7)**	**(1.3)**	**(3.9)**	**(2.4)**	**(1.9)**	**(2.1)**

Detailed plans for the new investment and efficiency programmes have yet to be defined, and the impact of the programmes on financial performance have been recognised under clinical supplies in the Intensive Assessment and Treatment output class. When the plans are determined, the efficiencies will be reclassified and could affect any line in any output class.

Table 2 –Funding and Expenditure for Output Class 2: Early Detection and Management Service

Short Term Outcome	Indicator	New Nomenclature	MoH Measure	Baseline					2019/20 Target
				Period	**Māori**	Pasifika	Other	Total	
Improved access primary care	% of the population enrolled in the PHO	PH03	PP33	Jan 2018	99%	92%	97%	98%	≥90%
Reduce the difference between Māori and other rate for ASH Zero-Four - SLM	Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years	PH01	SI1 / SI5 / PP22(SLM)	12 months to Dec-18	8,750	18,028	5,891	7,969	Māori ≤8313
Reduce ASH 45-64	ASH rate per 100,000 45-64 years	SS05	SI1		9,328	8,404	3,437	4,613	Māori ≤ 9,341
More pregnant women under the care of a Lead Maternity Carer (LMC)	% of women booked with an LMC by week 12 of their pregnancy			Jul to Sep 2018	55%	44%	72%	64%	80%
Improving new-born enrolment in General Practice	% of new-borns enrolled in general practice by 6 weeks of age	CW07	SI18						≥55%
	% of new-borns enrolled in general practice by 3 months of age	CW07		Dec to Feb2019	93%	91%	88%	90%	≥85%
Better oral health	% of children who are carries free at 5 years of age	CW01	PP11 / SI5	12 months to Dec-18	43%	28%	75%	62%	≥ 61%Yr1 ≥ 61%Yr2
	Mean 'DMFT' score at year 8	CW02	PP10		0.94	1.16	0.62	0.76	≤0.73 Yr1 ≤0.73 Yr2
	% of preschool children enrolled in and accessing community oral health services	CW03	PP13		tbc	tbc	tbc	tbc	≥ 95%Yr1 ≥ 95%Yr2
	% of enrolled preschool and primary school children overdue for their scheduled examinations	CW03	PP13		10%	13%	10%	10%	≤ 10%Yr1 ≤ 10%Yr2
	% utilisation of DHB funded dental services by adolescents for school Year 9 up to and including 17 years	CW04	PP12	12 months to Dec-16	tbc	tbc	tbc	tbc	≥ 85%Yr1 ≥ 85%Yr2

Short Term Outcome	Indicator	New Nomenclature	MoH Measure	Baseline					2019/20 Target
				Period	**Māori**	Pasifika	Other	Total	
Improved management of long-term conditions (CVD, acute heart health, diabetes, and stroke)	Proportion of people with diabetes who have good or acceptable glycaemic control (HbA1C indicator)	SS13	PP20	12m to Dec-18	34%	34%	48%	42%	≥60%
	% of the eligible population will have had a CVD risk assessment in the last five years	SS13	PP20	Five years to Dec-18	84%	80%	87%	86%	≥90%
Less waiting for diagnostic services	% of accepted referrals for Computed Tomography (CT) who receive their scans within 42 days (6 weeks)	SS14	PP29	Dec-18	NA	NA	NA	92%	≥95%
	% of accepted referrals for MRI scans who receive their scans within 42 days (6 weeks)	SS14	PP29	Dec-18	NA	NA	NA	90%	≥90%
Increase referrals of obese children to clinical assessment and family based nutrition, activity and lifestyle interventions	% of obese children identified in the B4SC programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	CW10	HT/SI5	6 months to Nov-18	98%	93%	94%	96%	≥95%
Improved youth access to health services - SLM	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000	PH01	SI12	12 months to Dec -18	79.8	39.6	58	65.6	Māori ≤ 75.0
	% of ED presentations for 10-24 year olds which are alcohol related	PH01		12 months to Dec -18	14.6%	8.5%	12.1%	12.8%	Māori ≤ 14.3%
Amenable mortality - SLM	Relative rate between Māori and Non-Māori Non-Pasifika (NMNP)	PH01	SI9	2015	2.45 relative rate				≤2.5

Output Class 3: Intensive Assessment and Treatment Services

Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers to individuals. This output class includes: mental health services, elective and acute services (including outpatients, inpatients, surgical and medical services, maternity services and, AT&R services). These services are usually integrated into facilities that enable co-location of clinical expertise and specialised equipment, such as a 'hospital', and they are generally complex in nature and provided by specialists and other health care professionals who work closely together. There are also important links with community-based services before people come into hospital services and after they are discharged – these links must be well coordinated and work as seamlessly as possible.

Hawke's Bay DHB provides most of this output class through the provider arm, Provider Services. However, some more specialised hospital services are funded by HBDHB to be provided by other DHBs, private hospitals, or other providers. Where this happens, other providers are monitored in terms of the operational policy framework or specific contracts, and in accordance with industry standards. On the continuum of care these services are at the complex end of "conditions" and are focussed on individuals with health conditions and prioritised to those identified as most in need.

Objective: Complications of health conditions are minimised and illness progression is slowed down

People who are suffering from injury or illness will be diagnosed accurately and offered the most effective treatment available as early as possible.

We will coordinate activities that support people to reduce the complications of disease, injury and illness progression so that they have better health, in terms of survival, and are also able to participate effectively in society and be more independent. It is important that identified disparities are also reduced as quickly as practicable.

Intensive Assessment and Treatment						
For the year ended 30 June	2018	2019	2020	2021	2022	2023
in millions of New Zealand Dollars	Actual	Forecast	Projected	Projected	Projected	Projected
Ministry of Health	328.5	335.2	354.4	366.8	379.4	391.8
Other District Health Boards (IDF)	2.2	8.6	8.3	8.6	8.9	9.2
Other sources	14.6	8.3	7.6	7.8	8.1	8.4
Income by Source	**345.3**	**352.1**	**370.3**	**383.1**	**396.4**	**409.4**
Less:						
Personnel	182.0	192.9	198.3	205.2	212.0	219.4
Outsourced services	16.7	14.3	11.1	11.5	11.9	12.3
Clinical supplies	47.6	51.5	51.2	50.7	45.8	46.2
Infrastructure and non clinical supplies	46.8	41.2	39.6	40.9	41.7	43.6
Payments to other District Health Boards	50.3	52.2	53.2	55.0	57.0	58.8
Payments to other providers	10.0	19.1	22.9	23.4	24.2	25.0
Expenditure by type	**353.4**	**371.2**	**376.3**	**386.8**	**392.7**	**405.3**
Net Result	**(8.1)**	**(19.1)**	**(6.0)**	**(3.7)**	**3.7**	**4.1**

Detailed plans for the new investment and efficiency programmes have yet to be defined, and the impact of the programmes on financial performance have been recognised under clinical supplies in the Intensive Assessment and Treatment output class. When the plans are determined, the efficiencies will be reclassified and could affect any line in any output class.

Table 3 –Funding and Expenditure for Output Class 3: Intensive Assessment and Treatment Service

Short Term Outcome	Indicator	New Nomenclature	MoH Measure	Baseline					2019/20 Target
				Period	**Māori**	Pasifika	Other	Total	
Less waiting for ED treatment	% of patients admitted, discharged or transferred from an ED within 6 hours	SS10	HT	Jan to Dec 2018	91%	92%	87%	88%	≥95%
Faster cancer treatment (FCT)	% of patients who receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks	SS11	HT	6 months to Dec-18	92%	100%	98%	95%	≥90%
	% of patients who receive their first cancer treatment (or other management) within 31 days from date of decision to treat	SS01	PP30	6 months to Dec-18	NA	NA	NA	85%	≥85%
Patients with ACS receive seamless, coordinated care across the clinical pathway	% of ACS patients undergoing coronary angiogram, door to cath, within 3 days	SS13	PP20	Jan to Dec-18	57%	50%	64%	61%	>70%
	% of ACS patients who undergo coronary angiogram have pre-discharge assessments of LVEF	SS13	PP20	Jan to Dec-18	64%	75%	66%	66%	≥85%
	Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance all ACS patients who undergo coronary angiogram should be prescribed at discharge aspirin, a second anti-platelet agent, statin and an ACE/ARB (four classes) and those with LVEF<40% should also be on a beta blocker (five classes)	SS13	PP20	Jan to Dec-18	67%	80%	51%	55%	>85%
	% of patients presenting with acute coronary syndrome who undergo coronary angiography have completion of ANZACS QI ACS and cath/PCI registry data collection within a) 30 days of discharge and b) within 3 months	SS13	PP20	Sep to Nov 2018	93% 100%	100% 100%	98% 100%	97% 100%	a) >95% b) >99%
Equitable access to care for stroke patients	% of potentially eligible stroke patients who are thrombolysed 24/7	SS13	PP20	Jan to Dec-18	15%	N/A	N/A	9%	10%
	% of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway	SS13	PP20	Jan to Dec-18	82%	88%	80%	80%	80%
	% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission	SS13	PP20	Jan to Dec 18	93%	NA	68%	73%	≥80%

Short Term Outcome	Indicator	New Nomenclature	MoH Measure	Baseline					2019/20 Target
				Period	**Māori**	Pasifika	Other	Total	
	% of stroke patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.	SS13	PP20	N/A	tbc	tbc	tbc	tbc	≥60%
Planned Care	% services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less) ESPI1	SS07		Dec 18				68%	100%
	% of patients waiting over four months for FSA ESPI2			Dec 18				30%	0%
	% of patients in Active Review with a priority score above the actual Treatment Threshold (aTT) ESPI3								0%
	% of patients waiting over 120 days for treatment ESPI5			Dec 18				27%	0%
	% of patients prioritised using an approved national or nationally recognised prioritisation tool ESPI8								100%
	Ophthalmology: Number of patient waiting more than or equal to 50% longer than the intended time for their appointment.								0%
	Acute readmissions to hospital		OS8	12 months to Dec-18	11.7%	11.9%	12.1%	11.9%	≤11.8%
Shorter stays in hospital	LoS Elective (days)		OS3	12 months to Dec-18	N/A	N/A	N/A	1.59	tbc
	LoS Acute (days)		OS3	12 months to Dec-18	N/A	N/A	N/A	2.31	tbc
Quicker access to diagnostics	% accepted referrals for elective coronary angiography completed within 90 days	SS14	PP29	Dec-18	NA	NA	NA	100%	≥95%
	% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive),	SS15	PP29	Dec-18	100%	NA	94%	95%	≥90%
	% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)	SS15	PP29	Dec-18	67%	NA	69%	69%	≥70%
	% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date	SS15	PP29	Dec-18	NA	NA	NA	55%	≥70%

Short Term Outcome	Indicator		New Nomenclature	MoH Measure	Baseline					2019/20 Target
					Period	**Māori**	Pasifika	Other	Total	
	% of participants to have received their colonoscopy within 45 calendar days of their FIT result being recorded in the NBSP information system		SS15	NA		NA	NA	NA	NA	≥95%
Fewer missed outpatient appointments	Did not attend (DNA) rate across first specialist assessments				Jan to Dec 18	11.3%	13.3%	3.9%	5.9%	≤5% total ≤9% Māori and Pacific
Better mental health services Improving access Better access to MH&A services	Proportion of the population seen by MH&A services	Child & youth (zero -19)	MH01	PP6	12 months to Sep-18	4.3%	2.0%	3.8%	5.3%	≥ 4.3%
		Adult (20-64)	MH01	PP6		9.8%	3.9%	3.9%	5.3%	≥ 5.4%
		Older adult (65+)	MH01	PP6		1.47%	0.86%	1.01%	1.05%	≥ 1.15%
Reducing waiting times Shorter waits for non-urgent mental health and addiction services for zero-19 year olds	% of zero-19 year olds seen within 3 weeks of referral	Mental health provider arm	MH03	PP8	12 months to Dec-18	80%	94%	71%	75%	≥ 80%
		Addictions (provider arm and NGO)	MH03	PP8		69%	100%	60%	67%	≥ 80%
	% of zero-19 year olds seen within 8 weeks of referral	Mental health provider arm	MH03	PP8		93%	100%	91%	92%	≥ 95%
		Addictions (provider arm and NGO)	MH03	PP8		93%	100%	93%	89%	≥ 95%
Improving mental health services using discharge planning	Community services transition (discharge) plans		MH02	PP7	Jan-Dec 2018					
	% of clients discharged from community MH&A will have a transition (discharge) plan					N/A	N/A	N/A	78.5%	≥95%
	% of audited files have a transition (discharge) plan of acceptable standard					N/A	N/A	N/A	97.0%	≥95%
	Wellness plans									
	% of clients with an open referral to MH&A services of greater than 12 months have a wellness plan.					N/A	N/A	N/A	99.3%	≥95%
	% of audited files meet accepted good practice – wellness plans					N/A	N/A	N/A	89.0%	≥95%
	Inpatient services transition (discharge) plans									
	% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan					N/A	N/A	N/A	64.3%	≥95%

Short Term Outcome	Indicator	New Nomenclature	MoH Measure	Baseline					2019/20 Target
				Period	**Māori**	Pasifika	Other	Total	
	% of audited files have a transition (discharge) plan of acceptable standard				N/A	N/A	N/A	-	≥95%
Increasing consumer focus More equitable use of Mental Health Act: Section 29 community treatment orders	Rate of s29 orders per 100,000 population	MH05	PP36 / SI5	12 months to Dec-18	395	119	109		Maori ≤10% reduction
Better patient experience - SLM	Number of patients that answer "no" to the inpatient experience survey question 'Did a member of staff tell you about medication side effects to watch for when you went home'	PH01	SI8	tbc	tbc	tbc	tbc	22%	≤17%
Better aligned services - SLM	Total acute hospital bed days per capita (per 1,000 population)	PH01	SI7	Jan-Dec 2018	636	511	354	410	≤ 390 total
More appropriate elective surgery	Number of publicly funded casemix included, elective and arranged discharges for people living within the DHB region	SS	PP45	12 months to Jun-18	NA	NA	NA	7,467	tbc
Improving the quality of identity data within the national health index (NHI) and data submitted to national collections	New NHI registrations in error	SS9	OS10	3 months to Dec-18	NA	NA	NA	5.1%	>1% and ≤3%
	Recording of non-specific ethnicity in new NHI registrations	SS09	OS10	3 months to Dec-18	NA	NA	NA	1.3%	>0.5% and ≤2%
	Update of specific ethnicity value in existing NHI records with a non-specific value	SS09	OS10	3 months to Dec-18	NA	NA	NA	0.1%	≤2%
	Invalid NHI data updates	SS09	OS10	3 months to Dec-18	NA	NA	NA	NA	tbc
	NPF collection has accurate dates and links to NNPAC, NBRS and NMDS for FSA and planned inpatient procedures	SS09	OS10	3 months to Dec-18	NA	NA	NA	NA	≥90% and <95%
	National collections completeness	SS09	OS10	3 months to Dec-18	NA	NA	NA	NA	≥94.5% and <97.5%
	Assessment of data reported to the national minimum set (NMDS)	SS09	OS10	3 months to Dec-18	NA	NA	NA	84.1%	≥75%

Output Class 4: Rehabilitation and Support Services

This output class includes: needs assessment and service co-ordination, palliative care, rehabilitation, home-based support, aged residential care, respite care and day care for adults. Many of these services are delivered following a 'needs assessment' process and involve coordination of input from a range of providers. Rehabilitation and support services assist people with enduring conditions and disabilities to live independently or to receive the support that they need either temporarily or over the rest of their lives. Hawke's Bay DHB provides NASC services via our provider arm. Other services are provided by our provider arm, general practice and a number of community-based NGOs and private organisations. On the continuum of care these services provide support for individuals who have complex, complicated or end-stage conditions.

Objective: People maintain maximum functional independence and have choices throughout life.

Where returning to full health is not possible we will work with our stakeholders to support and care for people so that they are able to maintain maximum function with the least restriction and the most independence. For people in our population who have end-stage conditions, it is important that they and their family or whānau are supported to cope with the situation, so that the person is able to live comfortably and to die without undue pain or suffering.

Rehabilitation and Support						
For the year ended 30 June	2018	2019	2020	2021	2022	2023
in millions of New Zealand Dollars	Actual	Forecast	Projected	Projected	Projected	Projected
Ministry of Health	80.5	75.6	79.0	81.8	84.6	87.3
Other District Health Boards (IDF)	3.0	2.3	2.2	2.3	2.4	2.4
Other sources	0.1	0.3	0.1	0.1	0.1	0.1
Income by Source	**83.6**	**78.2**	**81.3**	**84.1**	**87.0**	**89.9**
Less:						
Personnel	6.2	8.5	8.9	9.2	9.5	9.8
Clinical supplies	0.8	1.0	0.9	0.9	0.8	0.8
Infrastructure and non clinical supplies	1.8	2.2	2.2	2.3	2.3	2.4
Payments to other District Health Boards	4.2	4.4	4.4	4.6	4.7	4.9
Payments to other providers	70.6	63.2	67.8	69.1	71.5	73.9
Expenditure by type	**83.6**	**79.3**	**84.2**	**86.1**	**88.9**	**91.9**
Net Result	**-**	**(1.1)**	**(2.9)**	**(1.9)**	**(1.9)**	**(2.0)**

Detailed plans for the new investment and efficiency programmes have yet to be defined, and the impact of the programmes on financial performance have been recognised under clinical supplies in the Intensive Assessment and Treatment output class. When the plans are determined, the efficiencies will be reclassified and could affect any line in any output class.

Table 4 –Funding and Expenditure for Output Class 4: Rehabilitation and Support Service

Short Term Outcome	Indicator		New Nomenclature	MoH Measure	Baseline					2019/20
					Period	**Māori**	Pasifika	Other	Total	Target
Better access to acute care for older people	Age specific rate of non-urgent and semi urgent attendances at the Regional Hospital ED (per 1,000 population)	75-79 years		NA	12 months to Dec-18	202.2	83.3	124.7	127.5	≤130
		80-84 years				129.2	250	174.8	169.1	≤170
		85+ years				278.6	166.7	228.8	227.5	≤225
Better community support for older people	Acute readmission rate: 75 years +			OS8	12 months to Dec-18	12.8%	10.7%	12.2%	12.3%	≤11%
	Rate of carer stress :informal helper expresses feelings of distress = YES, expressed as a % of all home care assessments		SS04	PP23	Oct-Dec 2017	tbc	tbc	tbc	tbc	≤26%
	% of people having homecare assessments who have indicated loneliness				Oct-Dec 2017	tbc	tbc	tbc	tbc	≤23%
Increased capacity and efficiency in needs assessment and service coordination services	Conversion rate of contact Assessment (CA) to Home Care Assessment where CA scores are four-six for assessment urgency				Oct-Dec 2017	tbc	tbc	tbc	tbc	tbc
	Clients with a Change in Health, End-stage Disease, Signs and Symptoms) (CHESS) score of four or five at first assessment				Oct-Dec 2017	tbc	tbc	tbc	tbc	11%
More older patients receive falls risk assessment and care plan	% of older patients given a falls risk assessment % of older patients assessed as at risk of falling receive an individualised care plan				12 months to Dec-18	N/A	N/A	N/A	93% 90%	≥90% ≥90%

Section 4: Financial Performance (for SOI and SPE)

In accordance with the Crown Entities Act 2004, this section contains projected financial statements prepared in accordance with generally accepted accounting practice, and for each reportable class of outputs identifies the expected revenue and proposed expenses. The section also includes all significant assumptions underlying the projected financial statements, and additional information and explanations to fairly reflect the projected financial performance and financial position of the DHB. Summary financial performance statements for funding services, providing services, and governance and funding administration are also included in this section.

Performance against the 2019/20 financial year projections will be reported in the 2019/20 Annual Report.

4.1 Projected Financial Statements

Introduction

Hawke's Bay DHB is planning to deliver a $12.9 million deficit result for 2019/20, recognising the increasing demands placed on DHBs, by increased acuity and patient volumes arising from demographic trends and technological advances. The result for 2020/21 is expected to see an improvement to an $8 million deficit, with further improvement to breakeven from 2021/22. To achieve this the DHB will focus on tactical solutions to close the financial gap, whilst the strategy and five-year implementation plan are developed. These include prioritisation of resources and increasing productivity through management of cost drivers produces results

Reporting entity

The financial statements of the Hawke's Bay DHB comprise the DHB and its 16.7% interests in Allied Laundry Services Limited and Central Region's Technical Advisory Services Limited. Hawke's Bay DHB has no subsidiaries.

Cautionary Note

The prospective financial information presented in this section is based on one or more hypothetical but realistic assumptions that reflect possible courses of action for the reported periods concerned, as at the date the information was prepared. Actual results achieved for the period covered are likely to vary from the information presented, and the variations may be material.

The underlying assumptions were adopted on 21 June 2019.

Accounting Policies

The projected financial statements in this plan have been prepared in accordance with the Crown Entities Act 2004, which includes the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP). The projected financial statements have been prepared in accordance with tier 1 Public Benefit Entity (PBE) accounting standards.

The accounting policies applied in the projected financial statements are consistent with those used in the 2017/18 Annual Report. That report is available on the HBDHB website at:
http://ourhealthhb.nz/assets/Publications/Annual-Reports/2018-HBDHB-Annual-Report-website-version.pdf

Projected Statement of Revenue and Expense						
in thousands of New Zealand Dollars ***For the year ended 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Ministry of Health - devolved funding	516,552	544,682	573,100	593,044	613,446	633,629
Ministry of Health - non devolved contracts	14,369	14,947	14,618	15,127	15,648	16,163
Other District Health Boards	12,710	13,013	12,550	12,997	13,454	13,907
Other Government and Crown Agency sourced	6,046	5,713	5,334	5,533	5,738	5,942
Patient and consumer sourced	1,117	1,258	1,244	1,291	1,339	1,386
Other	6,104	5,539	4,639	4,725	4,899	5,072
Operating revenue	556,898	585,151	611,485	632,717	654,524	676,099
Employee benefit costs	209,611	235,675	243,178	251,690	259,996	269,095
Outsourced services	19,294	20,081	16,023	16,580	17,150	17,715
Clinical supplies	49,696	56,131	55,470	55,002	49,699	50,084
Infrastructure and non clinical supplies	50,773	53,433	51,562	53,311	54,354	56,784
Payments to non-health board providers	236,100	241,419	258,152	264,134	273,325	282,421
Operating expenditure	565,474	606,739	624,385	640,717	654,524	676,099
Surplus/(Deficit) for the period	**(8,576)**	**(21,588)**	**(12,900)**	**(8,000)**	**-**	**-**
Revaluation of land and buildings	15,312	-	-	-	-	-
Other comprehensive revenue and expense	15,312	-	-	-	-	-
Total comprehensive revenue and expense	**6,736**	**(21,588)**	**(12,900)**	**(8,000)**	**-**	**-**

Table 5 – Projected Statement of Comprehensive Revenue and Expense

Projected Statement of Movements in Equity						
in thousands of New Zealand Dollars ***For the year ended 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Equity as at 1 July	**142,345**	**148,724**	**126,778**	**116,971**	**111,795**	**112,866**
Total comprehensive revenue and expense:						
Funding of health and disability services	3,101	665	(12,900)	(8,000)	-	-
Governance and funding administration	568	155	-	-	-	-
Provision of health services	(12,245)	(22,408)	-	-	-	-
	6,736	(21,588)	(12,900)	(8,000)	-	-
Contributions from the Crown (equity injections)	-	-	3,450	3,182	1,428	-
Repayments to the Crown (equity repayments)	(357)	(357)	(357)	(357)	(357)	(357)
Equity as at 30 June	**148,724**	**126,778**	**116,971**	**111,795**	**112,866**	**112,509**

Table 6 - Projected Statement of Movements in Equity

Projected Statement of Financial Position *in thousands of New Zealand Dollars* ***As at 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Equity						
Paid in equity	82,002	81,645	84,738	87,563	88,633	88,276
Asset revaluation reserve	82,704	82,704	82,704	82,704	82,704	82,704
Accumulated deficit	(15,982)	(37,571)	(50,471)	(58,471)	(58,471)	(58,471)
	148,723	**126,778**	**116,971**	**111,795**	**112,866**	**112,508**
Current assets						
Cash	6,488	4	4	4	4	4
Short term investments (special funds/clinical trials)	2,841	2,690	2,690	2,690	2,690	2,690
Receivables and prepayments	25,463	26,060	26,488	27,410	28,353	29,286
Loans (Hawke's Bay Helicopter Rescue Trust)	11	12	-	-	-	-
Inventories	3,907	3,856	3,933	4,070	4,210	4,349
	38,711	32,622	33,116	34,175	35,258	36,330
Non current assets						
Property, plant and equipment	174,500	178,618	176,597	180,836	178,503	176,679
Intangible assets	1,479	2,100	2,661	3,307	4,134	4,546
Investment property	960	610	610	610	610	610
Investment in NZ Health Partnerships Limited	2,293	-	-	-	-	-
Investment in associates	9,266	9,725	10,398	10,398	10,398	10,398
Loans (Hawke's Bay Helicopter Rescue Trust)	15	-	-	-	-	-
	188,512	191,053	190,266	195,151	193,645	192,233
Total assets	**227,223**	**223,675**	**223,381**	**229,326**	**228,903**	**228,563**

Continued...

Projected Statement of Financial Position *in thousands of New Zealand Dollars* ***As at 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Less:						
Current liabilities						
Bank overdraft	-	15,011	27,541	33,219	27,549	25,423
Payables and accruals	35,817	32,451	35,952	37,565	39,114	40,420
Employee entitlements	40,065	46,726	39,653	41,040	42,395	43,879
	75,881	94,188	103,146	111,824	109,058	109,722
Non current liabilities						
Employee entitlements	2,619	2,709	2,790	2,888	2,983	3,088
Finance Leases	-	-	475	2,819	3,996	3,245
	2,619	2,709	3,265	5,707	6,979	6,333
Total liabilities	**78,500**	**96,897**	**106,411**	**117,531**	**116,037**	**116,054**
Net assets	**148,723**	**126,778**	**116,971**	**111,795**	**112,866**	**112,509**

Table 7 - Projected Statements of Financial Position

Projected Statement of Cash Flows *in thousands of New Zealand Dollars* ***For the year ended 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Cash flow from operating activities						
Cash receipts from MOH, Crown agencies & patients	554,785	579,423	610,784	632,076	653,858	675,409
Cash paid to suppliers and service providers	(329,707)	(342,661)	(356,981)	(365,428)	(367,679)	(379,735)
Cash paid to employees	(204,561)	(230,214)	(241,246)	(249,689)	(257,929)	(266,957)
Cash generated from operations	20,517	6,548	12,557	16,959	28,250	28,717
Interest received	876	292	84	-	-	-
Interest paid	(235)	(235)	(181)	(487)	(487)	(429)
Capital charge paid	(8,378)	(8,320)	(7,346)	(8,818)	(10,294)	(12,203)
	12,780	(1,715)	5,114	7,654	17,469	16,085
Cash flow from investing activities						
Proceeds from sale of property, plant and equipment	661	9	-	-	-	-
Acquisition of property, plant and equipment	(20,193)	(17,853)	(16,665)	(14,582)	(12,572)	(12,633)
Acquisition of intangible assets	(920)	(1,700)	(1,327)	(1,600)	(1,500)	(1,700)
Acquisition of investments	(1,068)	-	-	-	-	-
	(21,519)	(19,544)	(17,992)	(16,182)	(14,072)	(14,333)
Cash flow from financing activities						
Proceeds from equity injections	-	-	740	3,450	3,182	1,437
Repayment of finance lease liabilities	-	-	(34)	(243)	(552)	(706)
Equity repayment to the Crown	(357)	(357)	(357)	(357)	(357)	(357)
	(357)	(357)	349	2,850	2,273	374

Continued...

Projected Statement of Cash Flows *in thousands of New Zealand Dollars* ***For the year ended 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Net increase/(decrease) in cash and cash equivalents	(9,097)	(21,616)	(12,529)	(5,678)	5,670	2,126
Cash and cash equivalents at beginning of year	16,541	7,444	(14,172)	(26,701)	(32,379)	(26,709)
Cash and cash equivalents at end of year	7,444	(14,172)	(26,701)	(32,379)	(26,709)	(24,583)
Represented by:						
Cash	6,488	(15,007)	(27,537)	(33,215)	(27,545)	(25,418)
Short term investments	956	835	835	835	835	835
	7,444	(14,172)	(26,701)	(32,379)	(26,709)	(24,583)

Table 8 - Projected Statement of Cash Flows

Projected Funder Arm Operating Results *in thousands of New Zealand Dollars* ***For the year ended 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Revenue						
Ministry of Health - devolved funding	516,552	544,682	573,100	593,044	613,446	633,629
Inter district patient inflows	8,237	8,826	8,494	8,790	9,092	9,391
Other revenue	148	205	239	248	257	266
	524,937	**553,713**	**581,833**	**602,082**	**622,795**	**643,286**
Expenditure						
Governance and funding administration	3,416	3,424	3,532	3,655	3,781	3,905
Own DHB provided services						
Personal health	247,301	273,150	296,667	304,643	306,746	316,736
Mental health	24,435	23,522	24,362	25,211	26,078	26,936
Disability support	9,325	9,370	9,572	9,905	10,245	10,582
Public health	641	1,545	1,830	1,894	1,958	2,022
Maori health	619	619	619	640	662	684
	282,320	308,207	333,050	342,293	345,689	356,960
Other DHB provided services (Inter district outflows)						
Personal health	51,547	54,421	55,317	57,242	59,211	61,159
Mental health	2,375	1,799	2,099	2,172	2,247	2,321
Disability support	3,305	3,136	3,081	3,188	3,298	3,407
	57,228	59,357	60,497	62,602	64,756	66,887

Continued...

Projected Funder Arm Operating Results *in thousands of New Zealand Dollars* ***For the year ended 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Other provider services						
Personal health	96,287	93,213	104,926	105,579	109,312	113,008
Mental health	11,725	13,013	13,000	13,449	13,911	14,371
Disability support	66,878	71,456	75,440	78,065	80,752	83,410
Public health	1,237	1,442	1,327	1,373	1,423	1,470
Maori health	2,745	2,938	2,963	3,066	3,171	3,275
	178,873	182,061	197,655	201,532	208,569	215,534
Total Expenditure	**521,836**	**553,049**	**594,733**	**610,082**	**622,795**	**643,286**
Net Result	**3,101**	**665**	**(12,900)**	**(8,000)**	**-**	**-**

Table 9 - Projected Funder Arm Operating Results

Projected Governance and Funding Administration Operating Results						
in thousands of New Zealand Dollars ***For the year ended 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Revenue						
Funding	3,416	3,424	3,532	3,655	3,781	3,905
Other government and Crown agency sourced	7	-	71	73	76	79
Other revenue	67	30	30	31	32	33
	3,490	3,454	3,633	3,759	3,889	4,017
Expenditure						
Employee benefit costs	617	1,222	1,199	1,242	1,283	1,328
Outsourced services	508	504	552	571	590	609
Clinical supplies	-	3	(8)	(8)	(8)	(8)
Infrastructure and non clinical supplies	852	624	944	975	1,011	1,042
	1,976	2,353	2,687	2,780	2,876	2,971
Plus: allocated from Provider Arm	946	946	946	979	1,013	1,046
Net Result	**568**	**155**	**-**	**-**	**-**	**-**

Table 10 - Projected Governance and Funding Administration Operating Results

Projected Provider Arm Operating Results *in thousands of New Zealand Dollars* ***For the year ended 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Revenue						
Funding	282,320	308,096	333,050	342,293	345,689	356,960
Ministry of Health - non devolved contracts	14,369	14,947	14,618	15,127	15,648	16,163
Other District Health Boards	4,473	4,186	4,056	4,207	4,362	4,516
Accident insurance	5,423	5,199	4,591	4,762	4,938	5,113
Other Government and Crown Agency sourced	617	514	673	698	724	750
Patient and consumer sourced	1,117	1,258	1,244	1,291	1,339	1,386
Other revenue	5,888	5,304	4,370	4,446	4,610	4,773
	314,207	339,503	362,601	372,824	377,310	389,661
Expenditure						
Employee benefit costs	208,994	234,453	241,979	250,448	258,713	267,767
Outsourced services	18,787	19,467	15,471	16,009	16,560	17,106
Clinical supplies	49,696	56,128	55,478	55,010	49,707	50,092
Infrastructure and non clinical supplies	49,921	52,809	50,619	52,336	53,343	55,742
	327,397	362,857	363,546	373,803	378,323	390,707
Less: allocated to Governance & Funding Admin.	946	946	946	979	1,013	1,046
Surplus/(Deficit) for the period	**(12,245)**	**(22,408)**	**-**	**-**	**-**	**-**
Revaluation of land and buildings	(15,312)	-	-	-	-	-
Net Result	**3,067**	**(22,408)**	**-**	**-**	**-**	**-**

Table 11 – Projected Provider Arm Operating Results

Significant assumptions

General

- Revenue and expenditure have been budgeted on current Government policy settings and known health service initiatives. Where information is not available, assumptions have been made and are included below.
- No allowance has been made for any new regulatory or legislative changes that increase compliance costs.
- No allowance has been made for the costs of unusual emergency events e.g. pandemic or earthquake.
- Allowance has been made for the implementation costs of and net savings from regional and national entity initiatives as advised by the MOH.
- Allowance has been made for the payment of remediation costs relating to compliance with the Holidays Act, that will be provided for in the 2018/19 Annual Report.
- Allowance has been made for expected costs arising from the Regional Health Informatics Programme (RHIP).
- Detailed plans for new investment and efficiency programmes have yet to be finalised. The impact of the two programmes on financial performance have been recognised in clinical supplies.
- Unless otherwise stated, increases in revenue and expenditure due to changes in price levels have been allowed for at 2.0% per annum over the time horizon of the plan, based on Treasury forecasts for CPI inflation in the Half Year Economic and Fiscal Update 2018 published (13 December 2018).

Revenue

- Crown funding under the national population based funding formula is as determined by MOH. Funding including adjustments has been allowed at $524.1 million for 2019/20. Funding for the years 2020/21, 2021/22 and
- 2022/23 is based on the standard DHB funding allocation methodology that projects demographic increases of 1.73%, 1.69% and 1.54% respectively, to which a 2% contribution to cost pressures less 0.25% for efficiencies has been added for each year.
- Crown funding for non-devolved services of $63.6 million are based on agreements already in place with the appropriate MOH directorates, and assumes receipt of the DHB's full entitlement to elective services funding.
- Inter district flows revenues are in accordance with MoH advice.
- Other income has been budgeted at the DHB's best estimates of likely revenue.

Personnel Costs and Outsourced Services

- Workforce costs for 2019/20 have been budgeted at actual known costs, including step increases where appropriate. Increases to employment agreements have been budgeted in accordance with settlements, or where no settlement has occurred, at the DHB's best estimate of the likely increase. Personnel cost increases have been allowed for at 3.5%, 3.3% and 3.5% for 2020/21, 2021/22 and 2022/23 respectively based on Treasury forecasts for wage inflation in the Half Year Economic and Fiscal Update 2018 (published 13 December 2018).

Supplies and Infrastructural Costs

- The cost of goods and services has been budgeted at the DHB's best estimates of likely cost.
- No allowance has been made for cost increases/decreases relating to fluctuations in the value of the New Zealand Dollar.

Services Provided by Other DHB's

- Inter district flows expenditure is in accordance with MOH advice.

Other Provider Payments

- Other provider payments have been budgeted at the DHB's best estimate of likely costs.

Capital Servicing

- Depreciation has been calculated to write off the cost or fair value of property, plant, and equipment assets, and amortisation has been calculated to write off the cost or fair value of intangible assets (software) less their estimated residual values, over their useful lives.
- DHBs do not have authority to borrow long term. The DHB expects to draw on the DHB banking collectives overdraft facility arranged by New Zealand Health Partnerships (NZHP) for working capital requirements, and borrowing costs at 3% per annum have been recognised in the plan.
- The DHB expects to finance a number of capital expenditure projects using equity injections provided by the Crown. The capital charge rate has been allowed for at 6% per annum.

Investment

Investment	2020 Projected *$'000*	2021 Projected *$'000*	2022 Projected *$'000*	2023 Projected *$'000*
Buildings and Plant	12,045	12,534	9,672	7,533
Clinical Equipment	3,500	3,400	3,400	3,400
Information Technology	3,027	3,200	3,000	3,400
Capital Investment	**18,572**	**19,134**	**16,072**	**14,333**

- The investment in the Health Finance Procurement Information Management System (FPIM) managed by New Zealand Health Partnerships Limited (NZHPL), was fully impaired in 2018/19. No allowance has been made for any further investment.
- The DHB's share of the assets in Regional Health Informatics Programme (RHIP) will be amortised over their useful lives. The cost of amortisation is included in infrastructural costs. No allowance has been made for any impairment of the asset.

- No collaborative regional or sub-regional initiatives have been included other than RHIP.
- No increase in funding for existing associate organisations, Allied Laundry Services Limited and Central Technical Advisory Services have been allowed for.
- Property, plant, equipment, intangible asset expenditure, and investments in other entities are in accordance with the table below :

Capital Investment Funding

- The Ministry of Health is developing a new process for the allocation of capital funding that will impact from 2019/20. While the DHB's capital investment requirements are significant, capital funding is limited, and the DHB is unlikely to have all its needs met within the timeframe it would prefer. Consequently allowance has only been made for strategic projects relating to seismic remediation, for which capital injections have already been approved by MOH. As further strategic projects are funded by MOH, they will have an impact on the DHB's equity, assets and expenditure (depreciation and capital charge), that has not been allowed for in this plan.
- Capital investment will be funded from a number of sources including working capital in accordance with the following table:

Investment Funding	2020 Projected *$'000*	2021 Projected *$'000*	2022 Projected *$'000*	2023 Projected *$'000*
Capital Investment	18,572	19,134	16,072	14,333
Funded by:				
Depreciation and amortisation	14,465	15,752	15,847	17,321
Finance leases	580	2,952	2,000	-
Equity injection	3,450	3,182	1,428	-
Cash holdings/overdraft	77	(2,752)	(3,203)	(2,988)
Capital Investment Funding	**18,572**	**19,134**	**16,072**	**14,333**

- Equity injections are to fund Hawke's Bay DHB's strategic capital needs, as defined in the DHB's Capital Plan, and are subject to Ministry of Health approval.

Property, Plant and Equipment

- Hawke's Bay DHB is required to revalue land and buildings when the fair value differs materially from the carrying amount, and at least every five years. A revaluation was completed as at 30 June 2018 and is included in the financial statements.
- Significant increases in land values and construction costs in Hawke's Bay, indicate the carrying value of the DHB's land and buildings may no longer reflect the fair value of it's properties. A further revaluation as at 30 June 2019 is underway, but the information it provides was not available in time for inclusion in this report.

Debt and Equity

- Borrowings from MOH to all DHBs converted to equity on 15 February 2017. No borrowings have been recognised for Hawke's Bay DHB after 2016/17.
- Equity movements will be in accordance with the table below:

Equity	2019/20 *$'000*	2020/21 *$'000*	2021/22 *$'000*	2022/23 *$'000*
Opening equity	126,778	116,971	111,795	112,866
Surplus/(deficit)	(12,900)	(8,000)	-	-
Equiy injections (capital)	3,450	3,182	1,428	-
Equity repayments (FRS3)	(357)	(358)	(357)	(357)
Closing equity	**116,971**	**111,795**	**112,866**	**112,509**

- Borrowings from MOH to all DHBs converted to equity on 15 February 2017. No borrowings have been recognised for Hawke's Bay DHB after 2016/17.

Cash and Overdraft

- The DHB is expected to exceed the overdraft limit, calculated as one-12th of the annual planned revenue paid by the funder arm to the provider arm inclusive of GST, in 2020/21 only. No allowance has been made for any deficit support on the assumption the additional overdraft will be short lived.Additional Information and Explanations:

Disposal of Land

- Disposal of land is subject to current legislative requirement and protection mechanisms. Hawke's Bay District Health Board is required to notify land declared surplus to previous owners for offer back prior to offering it to the Office of Treaty Settlements, and before any sale on the open market.

Appendices

TE PĪTAU HEALTH ALLIANCE

OURHEALTH HAWKE'S BAY
Whakawāteatia

2019-20

System Level Measures Improvement Plan

Hawke's Bay District Health Board

System Level Measures provide a continuous quality improvement and integration across the health system. Equity gaps for Māori and Pasifika populations are evident in all System Level Measures. This framework provides us with a great opportunity to work with health system partners to address equity gaps.

System level measures are:

- outcomes focused
- set nationally
- requiring all parts of the health system to work together
- focused on children, youth and vulnerable populations
- connected to local clinically led quality improvement activities and contributory measures.

Current System Level Measures:

- Ambulatory Sensitive Hospitalisation (ASH) rates for 0-4 years
- total acute hospital bed days per capita
- patient experience of care
- amenable mortality rates
- youth access to and utilization of youth appropriate health services.

TE PĪTAU HEALTH ALLIANCE

The Te Pītau Alliance Group is now in place and will provide governance for our System Level Measures. This is a transition year and we are looking forward to establishing service level alliances and working groups to support the System Level Measures and align under the full structure of Te Pītau.

The purpose of Te Pītau is to improve health outcomes for our populations by transforming, developing, evolving and integrating primary and community healthcare services.

This year, as we are in transition, we are choosing clinician driven initiatives but some of our actions are not fully articulated. As our working groups establish and proceed through new processes, we will see further development of actions.

Dr Kevin Snee, CEO
Hawke's Bay District Health Board

Wayne Woolrich, CEO
Health Hawke's Bay

Bayden Barber, Chair
Te Pītau Alliance Group

Contents

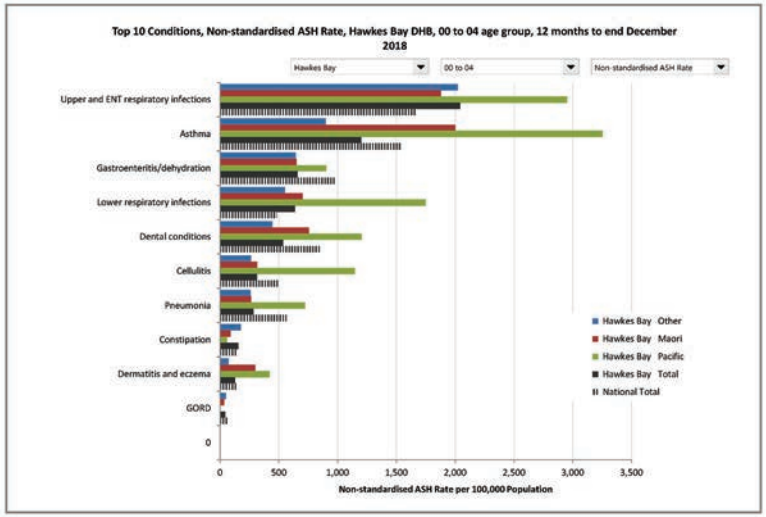
Keeping children out of hospital

SYSTEM LEVEL MEASURE:

Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0–4 year olds

Ambulatory Sensitive Hospitalisations (ASH) reflect hospital admissions for conditions which could potentially be prevented by early access to treatment and care. In many countries ASH is used as a means to assess the performance of primary care and to identify potential barriers to access.

In countries such as New Zealand where large socioeconomic and ethnic disparities in child health exist emphasis is also needed on those factors, often outside of the health sector, which drive the underlying burden of disease. This is because even with optimal access, the ability of a general practitioner to prevent a paediatric pneumonia admission after the first crucial hours may be limited, but the opportunities available for a DHB to prevent paediatric respiratory infections via, e.g. healthy housing projects and parental smoking cessation programmes, may be considerable. There is an inequity in the ASH rates 0-4 for Māori and Pasifika versus other. The largest inequities are observed in asthma, cellulitis and dental.



SLM 2019/20 Milestone: Māori ≤ 8,313 (5% decrease)
Baseline: 8,750 (March 2019)

Contributory measures

Measure	Baseline March 2019
Hospitalisations due to dental conditions for Māori & Pasifika 0-4 (rate per 100,000)	Māori: 1,091 Pasifika: 986 Other: 525
Hospitalisations due to respiratory for Māori and Pasifika 0-4 (rate per 100,000)	Māori: 5,575 Pasifika: 11,831 Other: 3,395
Hospitalisations due to cellulitis for Māori and Pasifika 0-4	Māori: 575 Pasifika: 2,535 Other: 300

How we will achieve it

- Establish whole of sector working group for First 1000 Days and beyond.
- Create a First 1000 Days outcomes framework for Hawke's Bay; monitor and adjust maternity workforce plan; initiate a paediatric respiratory programme via registered nurses working across primary and secondary care.
- Interview Pacific families who presented to ED for ASH 0-4 in 18/19 to gain insights into their experience. Develop a plan for the development of appropriate messaging, referral and support for families engaged in this action.
- Progress the recommendations from the audit completed with whānau of children who had required dental treatment involving a general anesthetic (2018). Implementation of iPads in dental clinics to deliver health promotion messages; use of Facebook/Social Media as a platform to promote access to mobile dental units; introduce SMS text to remind for automated dental appointment reminders.
- Actions around access to primary care are included under SLMs - Using Health Resources Effectively and Prevention and Early Detection.

Using health resources effectively

SYSTEM LEVEL MEASURE:

Acute hospital bed days per capita

Acute hospital bed days per capita is a measure of the use of acute services in secondary care that could be improved by effective management in primary care, transition between the community and hospital settings, discharge planning, community support services and good communication between healthcare providers. This includes access to diagnostics services.

Reducing acute hospital bed days continues to be a priority and aligns with our strategic objectives. We continue to focus our efforts on reducing avoidable admissions through more effective care in the community, and reducing length of stay and readmission rates through better hospital processes and collaboration across the sector.

The conditions with the highest impact on acute hospital beds are stroke and other cerebrovascular disorders, respiratory infections and inflammation, cellulitis and hip and femur procedures. The 70+ age groups continue to make a major contribution to acute hospital bed days.

Ambulatory Sensitive hospitalisation (ASH) rates for 45-64 years remain a lesser contributing factor to acute hospital bed days but in their own right are a measure of the whole system working effectively. The highest contributing conditions are angina and chest pain, myocardial infarction, cellulitis and COPD. The largest inequity gap for ASH 45-64 between Māori and other is in angina and chest pain then COPD and cellulitis.

2019/20 Milestone: Reduce standardised acute hospital bed days to ≤390 per 1,000

	Estimated Popn	Acute Stays	Acute Bed Days	Standardised Acute Bed Days per 1,000 Popn		
Year	Year to Dec 2018	Year to Dec 2018	Year to Dec 2018	Year to Dec 2016	Year to Dec 2017	Year to Dec 2018
Maori	42,810	7,181	19,782	572	586	636
Pacific	6,350	1,162	2,456	547	441	511
Other	113,740	16,233	54,399	355	359	354
Total	162,900	24,576	76,637	398	400	410

Contributory measures

Measure	Baseline Dec 2018
Decreased acute readmission rate (28 days)	Total: 12%
Decreased Inpatient Average Acute Length of Stay (ALOS)	2.31 days
Decreased Ambulatory Sensitive Hospitalizations (ASH) rates per 100,000 for 45 – 64 year olds Māori	Māori: 9,328 Pasifika: 8,404 Other: 3,437 Total: 4,612

How we will achieve it

- Develop a whole of sector working group focused on older and frail people.
- Frailty: Develop and implement processes to help prevent admissions for those living with frailty, and develop and implement processes to identify frailty on admission which better supports the patient's journey to achieve better outcomes.
- Initiate, develop and monitor the effectiveness of 'Hoki Te Kainga', an Early Supported Discharge Service. The programme is designed to decrease re-admissions and length of stay.
- Re-design primary care after hours service in order to improve primary care access and decrease hospital admissions. This action is targetted at Māori, Pacific and vulnerable groups.
- The 'readmissions group' will develop clinical pathways for both chronic heart failure and COPD, with a view to reduce average length of stay and readmissions.

Person centred care

SYSTEM LEVEL MEASURE: **Patient experience of care**

How people experience health care is a key element of system performance that can be influenced by all parts of the system and the people who provide the care. Improved consumer experience of care will reflect better integration of heath care at the service level, better access to information and more timely access to care.

Consumer experience surveys provide scores for four domains which cover key aspects of consumer's experience when interacting with health care services: communication, partnership, coordination, and physical and emotional needs.

The purpose of these measures is to ensure consumers in New Zealand are receiving quality, effective and integrated health services. Evidence suggests that if consumers experience good care, they are more engaged with the health system and therefore likely to have better health outcomes.

In Hawke's Bay, consumer experience surveys are only one part of much wider pieces of work under "Person and whānau centered care." The four focus areas are: consumer engagement, patient experience, health literacy and consumer participation.

This measure captures consumer experience in two settings:

- Hospital inpatient surveys (undertaken quarterly since 2014)
- Primary care survey (introduced in a phased approach quarterly from Feb 2016).

	Inpatient Results Weighted Avg/10 1 April 2019	Primary Care Results Weighted Avg/10 April 2019
Communication	8.6	8.3
Partnership	8.7	7.5
Coordination	8.5	8.4
Physical and emotional needs	8.8	7.4

SLM 2019/20 Milestone: Decrease the number of patients that answer "no" to the inpatient experience survey question 'Did a member of staff tell you about medication side effects to watch for when you went home'
Baseline: 22% Goal: ≤17%

Contributory measures

Measure	Baseline March 2019
HQSC primary care – proportion of Māori invited to complete survey, who respond	Māori 11%
HQSC Inpatient survey – proportion of Māori responses	Māori 11%
Proportion of staff having completed Health Literacy training	Total 1.2%
Proportion of staff carrying out relationship centred practice training	Total 0.4%

How we will achieve it

- Develop, roll out and monitor new induction training Leading with Heart, incorporating Relationship Centred Practice and Health Literacy training.
- Develop and implement use of further tools e.g. posters, cards in order to:
  - Support our patients and whanau to ask questions about their medications
  - Raise consumer awareness of surveys to increase participation
  - Encourage consumers to participate in their health journey and ask clinicians about their medication and care.
- Improve hospital pharmacist access to patient records in primary care in response to lowest scoring question in the survey.

Prevention and early detection

SYSTEM LEVEL MEASURE:
Amenable mortality rates

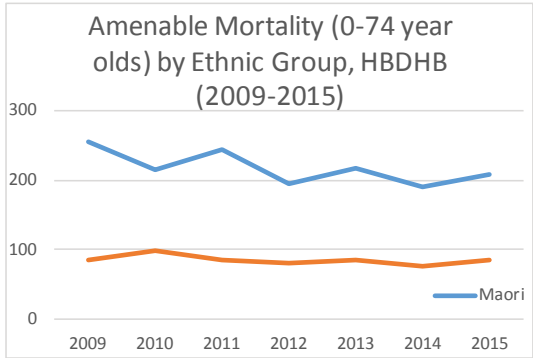
Nearly three-quarters of all deaths before the age of 75 years are avoidable due to either disease prevention or effective treatment and health care. Deaths due to these diseases or conditions can be counted and expressed as a rate. Any difference in these rates by ethnicity or by area of residence can therefore be considered to be a health inequity. We have seen significant reduction in deaths, which could have been minimised by prevention, early treatment programmes or better access to medical care, however this seems to have leveled off since 2012.

The top five causes of amenable mortality for total populations are: coronary disease, diabetes, suicide, land transport accidents (excluding trains), and female breast cancer with those for Māori being coronary disease, suicide, land accidents (excluding trains), diabetes and COPD.

Amenable mortality rates are 2.6 and 3 times higher for Māori and Pasifika respectively compared to non-Māori, non-Pasifika (NMNP). This highlights a large inequity in prevention and early detection for Māori and Pasifika. Given what we know about our top causes, the system will focus on cardiovascular disease and diabetes, particularly for Māori. Actions on alcohol are not included in this SLM as these are covered within "Youth are Safe and Supported'.

SLM 2019/20 Milestone:
Relative Rate between Māori and NMNP ≤2.15, ≤1.8 by 2023, ≤1 by 2029

Baseline*: Māori 208.8, NMNP 85.1, Relative Rate between Māori and NMNP 2.45
*Amenable mortality, ages 0-74, 2015



Due to the small number in the Pasifika population, it is difficult to put a target on reducing the standardised rate however, we will be focussing on services to improve equity for Pasifika as well as Māori.

Contributory measures

Measure	Baseline
Increase the number of Māori males 35-44yrs who have had a CVDRA in the past 5 years	Māori: 68.2% Dec 2018
Better help for smokers to quit (PHO)	Māori: 79% Dec 2018
Decreased ASH rate for angina and chest pain for Māori per 100,000	Māori: 1,934 Other: 1,048 Total: 1,225 March 2019

How we will achieve it

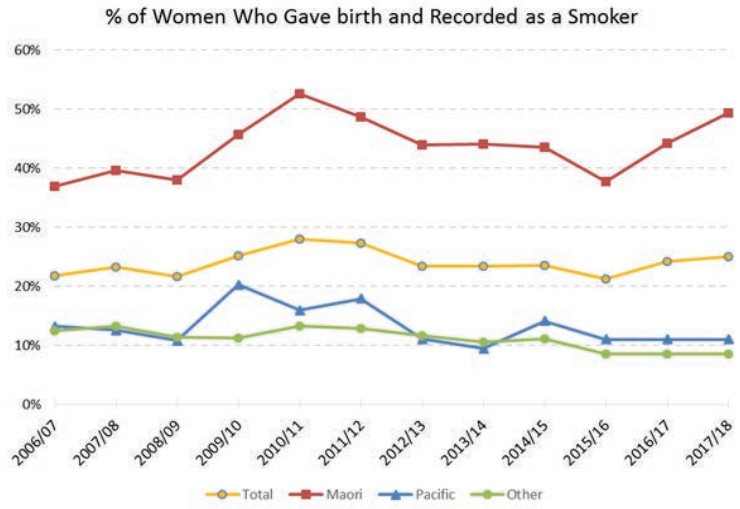
- Implement the first phase of Health Care Home in General Practice in order to provide enhanced early detection and care for people with long term conditions.
- Complete the delivery of action priorities within the Tobacco Strategy.
- Improve integration of immunisation, screening and smoking cessation systems for whānau-centric, outreach services by educating teams in the key messages, techniques and processes used by other teams, and also referral pathways.
- The readmissions group will develop a clinical pathway for chronic heart failure. Refer SLM 'Acute Hospital Bed Days'.

Healthy start

SYSTEM LEVEL MEASURE:

Proportion of babies who live in a smoke-free household at six weeks postnatal

This measure aims to reduce the rate of infant exposure to cigarette smoke by focusing attention on both maternal smoking and the home and family/ whānau environment to encourage an integrated approach between maternity, community and primary care. We know in Hawke's Bay that we have an alarmingly high number of women, especially Māori women, who smoke during pregnancy (see graph below).



This year, we will continue to focus on the data collection at multiple points in the maternity journey and the pathway for smokefree services centered around maternal and whānau smokefree support before, during and after pregnancy.

SLM 2019/20 Milestone: Increase smokefree home rates for Māori babies.
Baseline: 20.9% Jan-June 2018
Target > 21.9%

Contributory measures

Measure	Baseline March 2019
Increased % of Māori women, booked with an LMC by week 12 of their pregnancy	Māori: 55% Pasifika: 44% Other: 72%
% of women who become smokefree over their pregnancy	Māori: 64%
% of infants exclusively or fully breastfed at 3 months	Māori: 43.0%

How we will achieve it

- HBDHB Smoke Free Service will engage with the Wairoa Whanake Te Kura ante natal programme to encourage and support women to stop smoking during and after pregnancy. Wahine Hapu will be referred and enrolled on the Wahine Hapu – Increasing Smokefree Pregnancy 8 week programme.
- Investigate 'opt-off' option for all Wahine Hapu identified as 'smokers' at booking in HBDHB Maternity services, in order to understand why women are choosing not to engage with cessation services.
- Equip midwives, working with vulnerable women, with a carbon monoxide monitor to help initiate/support the smoking cessation conversation and evaluate the impact of this initiative on smoking cessation referrals.
- Set up CHB maternity resource centre supporting early engagement with midwife and local primary assessment centre.

Youth are healthy, safe and supported

SYSTEM LEVEL MEASURE:

Youth access to and utilisation of youth appropriate health services

Youth have their own specific health needs as they transition from childhood to adulthood. Most youth in New Zealand successfully transition to adulthood but some do not, mainly due to a complex interplay of individual, family and community stressors and circumstances, or 'risk factors'. Evidence shows that youth are not in the habit of seeking the services or advice of a registered health practitioner when unwell. Generally they cope with illness with advice from friends and whānau as they see fit. Attending a health clinic is often viewed as a last resort instead of a reasonable first choice.

This measure focuses on youth accessing primary and preventive health care services. Research shows that youth whose healthcare needs are unmet can lead to increased risk for poor health as adults and overall poor life outcomes through disengagement and isolation from society and riskier behaviours in terms of drug and alcohol abuse and criminal activities.

Hawke's Bay has a Youth Strategy which conveys a shared vision for young people by identifying a common set of youth outcomes and indicators that cuts across the work of many organisations/services working with youth. The strategy aligns with the youth development approach, focusing on a balance between services designed to prevent, intervene or treat health problems as well as promoting development through preparation, participation and leadership experiences.

The Hawke's Bay Youth Consumer Council has identified Alcohol and Other Drugs and Mental Health and Well-being as their two top priorities.

SLM 2019/20 Milestones:

- **Reduced Alcohol related ED presentations for 10-24 year olds**
  Baseline: Māori 15% Target: Māori ≤14.3%
- **Reduced Self harm hospitalisations and short stay ED presentations for <24 year olds**

	Baseline per 10,000 pop'n	2019/20 Milestone 5% change
Māori	79.8	Māori ≤75.0
Pasifika	39.6	
Other	58.0	
Total	65.6	

Contributory measures

Measure	Baseline March 2019
Increase % of responses given to alcohol related presentation questions in ED	Māori 89% Total 91%
% of schools with an alcohol policy	60% surveyed schools
Increased utilization rate of youth services by 13-17 year olds	tbc

How we will achieve it

- Rangatahi Service redesign; implement phase one of the youth strategy, complete youth workforce SWOT analysis and strategy development, develop new model of care across mental wellbeing continuum from mental distress to recovery.
- Investigate and implement processes to improve the quality of ED data collection.
- Population Health to partner with the Child Health team to increase number of schools with an alcohol policy; re-circulate healthy fundraising guide to all schools and promote use and application of the alcohol policy.

HAWKE'S BAY
District Health Board
Whakawāteatia

2019-20
Population Health
Annual Plan

Hawke's Bay District Health Board

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1. The Hawke's Bay population

The population of Hawke's Bay has some distinct characteristics compared to the rest of New Zealand. Differences in health status, as well as socio-economic and demographic profiles, provide us with specific challenges. The district has a higher proportion of Māori (26% local vs 16% national), more people aged over 65 years (19% vs 15%)[1], and more people living in rural communities and areas of relatively high material deprivation (28% vs 20%). Over the next 25 years, Hawke's Bay is expected to undergo significant demographic changes with the number of over 65 year olds increasing by 47%, and over 85 year olds increasing by 45.5%.

Overall, population growth is expected to come from births in the Māori and Pasifika populations, increased life expectancy across the whole population, and migration.

2. Improving health and equity

Improving health and equity remains the top focus for the Population Health team. This has been reinforced by the establishment of the Health Improvement and Equity Directorate, which includes Population Health and the Pacific Health and Māori Health services.

Social and economic forces, combined with biological and environmental factors, shape the health of a population over time.

A whole of population approach is essential in order to achieve better health status and equity. Health starts in our homes, schools, workplaces and communities.

To be healthy, people need:

- protection from environmental factors leading to health issues and risk
- adequate housing
- a liveable income
- employment
- educational opportunities
- a sense of belonging and feeling valued
- a sense of control over their life circumstances
- culturally responsive approaches and services.

Working together across sectors is crucial in addressing these determinants of health, including with central government agencies, local government, iwi, non-government organisations, and the business and the community sectors. To that end, Hawke's Bay DHB is a partner in the region's economic and social inclusion plan: Matariki Hawke's Bay. Its actions include addressing barriers to employment, developing a socially responsible employment sector, establishing groups to enable community voices to be heard, and developing a new sustainable operating system for social services. These steps support the desired outcome of greater equity, enabling all Hawke's Bay whanau to benefit.

Population Health has two broad modes of delivery: Programmes aimed at an individual level, and those aimed at population groups.

At an individual level, examples of programmes include smoking cessation, immunisation, and breast, cervical and bowel screening.

At the population group level, the team delivers public health services aimed at improving, promoting and protecting public health at a broader level. These services are designed to address a range

1. Summary of Resident Total Population Projections 2018-2043; 2013 base. Statistics New Zealand.

of diseases and environmental risk factors, and include the investigation of disease outbreaks and environmental and border health control. Population Health's multi-disciplinary workforce has the expertise to work across the health spectrum, using the five core public health functions: health assessment and surveillance, public health capacity development, health promotion, health protection, and preventive intervention services.

Applying programmes based on these functions reduces disease, which has a positive downstream impact on reducing costs for the whole health system. As the Ministry of Health says:

> In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcome**s.**

The challenges we face in Hawke's Bay include financial constraints, insufficient capacity, prioritisation of work, reactive work such as responding to communicable disease outbreaks and regulatory functions, long-term versus short-term outcomes (the desire for measureable results in the near future), and the challenges around 'selling' healthier lifestyle options to the public in the face of behavioural, environmental and other social factors.

Whānau voice informing our approach

This Plan sets out approaches designed to engage whānau across all phases of our work: planning, design and delivery. These approaches are based on a clear understanding of 'equity' and how we will address inequity, including applying equity assessment tools, and will include measures to ensure engagement is reciprocal. The plan relies on all staff being culturally competent in our approach and practice.

3. Key priorities for 2019-2020 – national and local

National

The Government's priorities are:

1. Improving Māori health
2. Achieving equity in health and wellness
3. Child and youth wellbeing
4. Mental health
5. Primary health care

The Ministry of Health's priorities (relating to population health and public health) are:

1. Drinking water regulation
2. Bowel screening
3. Smokefree 2025
4. Long term conditions (alcohol and other drugs, tobacco, nutrition, physical activity, healthy weight)

Local

The Clinical Services Plan sets out the Hawke's Bay DHB's direction for the next 10 years in response to challenges faced in the coming years. It describes the DHB's vision for a very different health system that improves outcomes and experience for individuals and whānau living in Hawke's Bay. The plan views the health system as a whole, encompassing primary care, community and hospital level care, and acknowledges the important influence of socioeconomic determinants.

The Health Improvement and Equity Directorate led the development of the Health Equity Report 2018. That report highlights significant improvement in teenage pregnancy rates, ASH 0-4 numbers, and breast and cervical screening, such that the equity gaps have almost closed. Equity continues to be maintained in immunisation coverage for Māori and Pasifika populations in Hawke's Bay.

Whilst ASH 0-4 rates have improved for Pasifika, there remains considerable inequity for Pasifika compared to other ethnic groups concerning upper, lower and ENT respiratory infections, asthma, and cellulitis. The equity gap in amenable mortality was improving up until 2012 but has stalled, as have improvements in avoidable death numbers, ASH 45-64 year olds, and sexually transmitted infections.

Areas showing either no improvement or getting worse are mental health and hazardous alcohol use, acute respiratory (bronchiolitis) admissions, obesity in children over 4 years of age and adults, the oral health of five year olds, tobacco use in pregnancy, and violent crime.

Areas of focus in this 2019/20 plan are sexual health, mental health, alcohol harm reduction, childhood obesity, oral health and tobacco use in pregnancy. Key findings of the Health Equity Report are summarised in figure 1.

What is happening in health equity?

Figure 1: Summary of Findings Health Equity Report 2018

The next step in implementing the clinical services plan and responding to the Health Equity Report is the preparation of a new 10-year strategy for health in Hawke's Bay, along with a five-year implementation plan. The Health Improvement and Equity Directorate will be responsible for establishing an equity framework that embeds equity in all decision-making processes as the plan is rolled out. This will include an equity assessment of intersectoral actions, carried out under the Matariki strategy.

Population Health Strategy

While the Population Health Strategy for Hawke's Bay, Supporting Healthy Communities, was developed by Population Health in partnership with the Primary Health Organisation, Health Hawke's Bay some years ago, its objectives are still relevant today.

(Left) Figure 2: Supporting Healthy Communities objectives

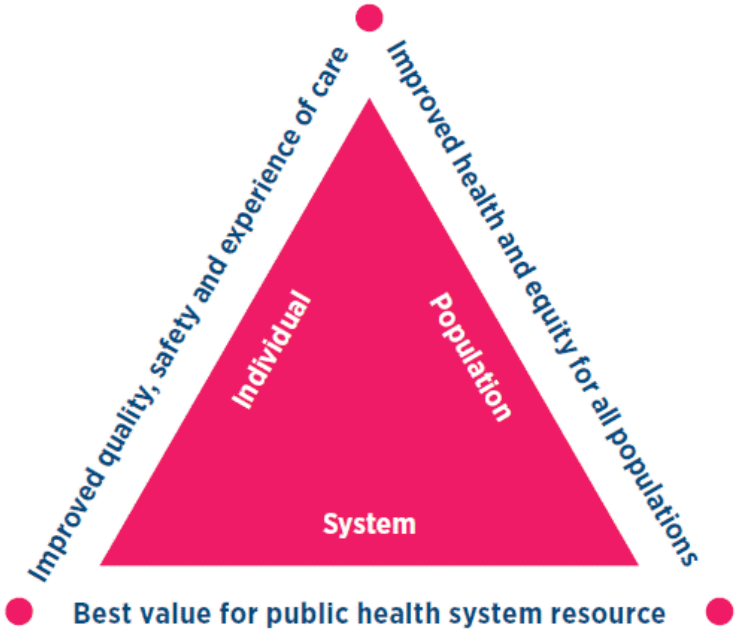
4. Alignment with other plans

Population Health's Annual Plan is aligned to and contributes to the Government and Ministry of Health priorities and health targets, Hawke's Bay DHB's annual plan, the Clinical Services Plan, and Hawke's Bay's Health Equity Report. The table shows how Population Health's Annual Plan aligns with the internal and external plans and targets.

Population Health Annual Plan	Government Priorities	Ministry of Health Priorities	Ministry of Health Targets	Clinical Services Plan	Hawke's Bay Health Equity Report	HBDHB Annual Plan
Environmental and border health	√	√		√		√
Alcohol and other drugs harm reduction	√	√		√	√	√
Tobacco	√	√	√	√	√	√
Communicable disease						
Healthy housing	√			√		√
Immunisation	√		√	√		√
Child and youth wellbeing	√		√	√	√	√
Nutrition, physical activity, healthy weight		√	√	√	√	√
Social environments, cross sector development	√			√		
Mental health	√			√	√	√
Migrant health	√			√		
Sexual health					√	
Health education	√			√		
Public health workforce				√		
Population screening	√	√	√	√		√
Oral health	√			√	√	

5. NZ Triple Aim Quality Framework

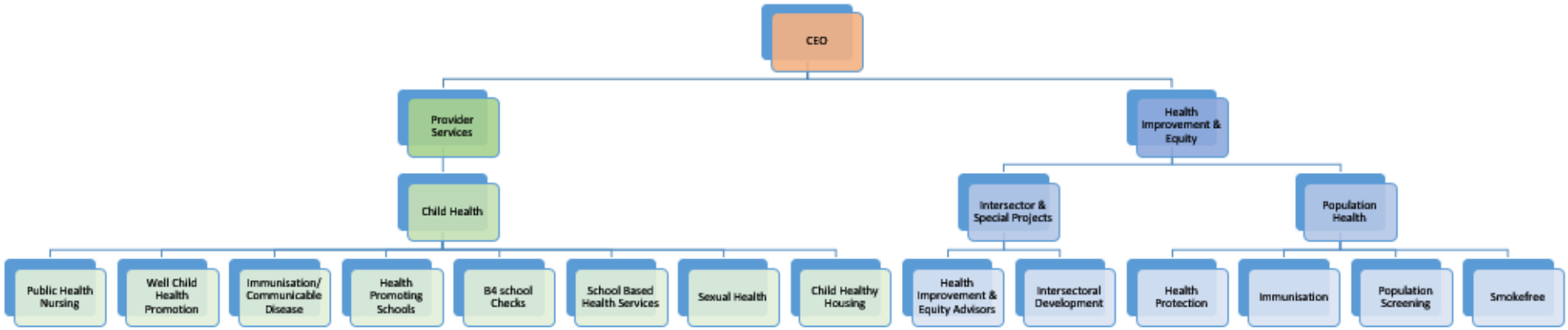
The New Zealand Health Quality and Safety Commission uses the New Zealand Triple Aim goals for quality improvement. Population Health uses a quality framework to ensure high quality services are delivered efficiently, effectively, safely, in line with the Triple Aim goals (as shown in table).



Triple Aim	Quality Improvement Actions
Individual: Improved quality, safety and experience of care	• Client-centred services • Competent, skilled workforce • Ongoing professional development • Scope of practice • Policies and procedures • Performance monitoring and review • Event reporting • Clinical leadership
Population: Improved health and equity for all populations	• Equity focus • Evidence based • Best practice • Evaluation and review • Surveillance
System: Best value for public health system resource	• Stakeholder collaboration • Efficient and effective service delivery • Quality data systems • Quality and risk management

6. Population Health structure

Population health and public health services are delivered under two Hawke's Bay District Health Board Directorates: Health Improvement and Equity Directorate and Provider Services. Population Health, along with Māori Health, now forms part of the Health Improvement and Equity Directorate, and Child Health is part of the Provider Services Directorate. This structure is shown below.



Part A: Public health core contract

1. Environmental and border health

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
1.1	Health Protection	**Drinking Water** Maintain accreditation of Drinking-Water Assessors and Drinking Water Assessment Unit. Identify and investigate incidents, complaints and notifications of adverse drinking water quality (or adequacy) of networked, tankered and temporary drinking water supplies. Undertake all duties and functions required by the Health Act 1956, including: • Register drinking-water suppliers and water carriers as required • Routinely go through the drinking water register each year and verify or update details of network supplies • Promote compliance with the drinking-water requirements of the Health Act 1956 and achievement of the *Drinking-Water Standards for New Zealand* to drinking-water suppliers and water carriers, and undertake compliance and enforcement action as required • Conduct the annual review of drinking-water supplies serving more than 100 people and report to water suppliers as required by Scope 1 • Assess water suppliers' water safety plans as required and provide a report to the water supplier within 20 working days. Ensure water safety plans include critical control points and promote the use of process control summaries by water supply staff. This will include a visit to the water supplier if the	# Drinking Water Assessor FTEs # investigations related to incidents, complaints and notifications # water supplies surveyed in the annual review # of water safety plans assessed	% Drinking-Water Assessors that maintain accreditation. Numerator: # Drinking-Water Assessors that maintain accreditation; Denominator: # Drinking-Water Assessors. % drinking water register entries (network supplies) verified or updated at least annually. Numerator: # of network registered water supplies verified or updated; Denominator: # of network registered water supplies. % networked water supplies (by class of water supply) receiving at least one compliance inspection per annum with findings confirmed in writing. Numerator: # networked supplies (by class) receiving written findings of visit per annum. Denominator: # networked supplies (by class). % water suppliers' water safety plans assessed and	#/% networked water supplies (broken down by class i.e. large, medium, minor, small and rural agricultural) compliant with sections 69V and 69Z of the Health Act 1956 (BC, O). Numerator: # networked water supplies (broken down by class i.e. large, medium, minor, small and rural agricultural) compliant with sections 69V and 69Z of the Health Act 1956; Denominator: # networked water supplies (broken down by class i.e. large, medium, minor, small and rural agricultural). Note: The above measure should be informed by the previous year's Annual Survey % of Hawke's Bay population served by a

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		assessor is not familiar with the water supply, treatment plant and water supply staff • Assess and process applications as required for the use of temporary drinking water supplies • Ensure water-suppliers have plans and PHU responds in a timely manner to transgressions, water supply contamination or interruptions to the supply, including taking appropriate measures to protect and advise the community Certify the implementation of water safety plans. At least annually check the water safety plan is being maintained (i.e. is a living document and the water supplier does not wait for the five-year review period to update the plan). Authorise organisations for the purposes of ensuring compliance with the Act, drinking water standards, and water safety plans. Report serious drinking water incidents to the Ministry of Health within 24 hours. Report suspected or confirmed waterborne disease outbreaks to the Ministry of Health within two hours. Undertake enforcement activities in consultation with, and at the direction of, the Ministry of Health. Refer issues and concerns with self-supplies to territorial authorities as required. Implement the requirements of the Drinking-Water Standards for New Zealand as required (e.g. P2	# temporary drinking water supplies assessed and approved # authorisations # investigations related to enforcement (please specify in narrative) # assessments related to requirements of the Drinking-Water Standards	reported on within 20 working days. Numerator: # water safety plans assessed and reported on within 20 working days; Denominator: # water safety plans assessed within the reporting period. % networked water supplies (by class of water supply) where timely response was provided by PHU to transgressions, contamination or interruption in accordance with drinking water legislation and standards. Numerator: # networked water supplies (by class) where timely response provided; Denominator: # networked water supplies (by class) which reported transgressions, contamination or interruptions to the PHU. Note: PHU to assess risk accordingly and determine response within 24 hours on becoming aware of a P1 or	supplier implementing an approved WSP

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		assignments, catchment risk assessments, and secure ground water assessments). Ensure activities are integrated with the drinking water technical advice services for networked supplies serving up to 5000 people. Provide technical advice and information on public health aspects of drinking water supplies, including the implications of the Health Act 1956 and the *Drinking Water Standards for New Zealand,* to water suppliers, councils, the public and organisations on issues of public health significance in respect to drinking water supplies. Ensure that the public health effects of drinking water supplies are considered and managed by making timely submissions on: • regional and district plans and policies, including giving effect to the National Environmental Standard for drinking water catchments • territorial authority assessments of drinking water supplies • resource consent applications. Provide advice on the benefits of water fluoridation when the issue becomes a significant issue in the community by: • supporting health professionals who are promoting the extension or maintenance of fluoridated water supplies • ensuring appropriate education material is available to institutions, health professionals,	The TANK collaboration is moving through the plan change process during 2019 and 2020. The plan includes many provisions drafted by the JWG to protect drinking water sources for NCC and HDC. Further submissions and hearing appearances will be required	P2 transgression, contamination or interruption. % networked water suppliers serving more than 100 people with approved water safety plans. Numerator: # of networked supplies serving more than 100 people with an approved water safety plan; Denominator: # of networked supplies serving more than 100 people. % of network drinking water supplies with an approved WSP that have had an implementation completed in the last 3 years (expected 100%). Numerator: # of network water that have had an implementation completed in the last 3 years; Denominator: # of networked supplies with current approved WSP. Narrative report: Why it isn't 100% (if it isn't).	

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		territorial authorities, community groups and the public • ensuring that messages on fluoridation and oral health are consistent and current, and keep all health providers well informed • making timely submissions on water fluoridation when appropriate. Form collaborative arrangements with water suppliers, district councils and regional councils to share information about potential risks to drinking-water catchments, drinking-water supplies and other relevant issues. Carry out public health grading of drinking-water supplies at the request of drinking-water suppliers.	As noted above the HB drinking water JWG is acting as an advisory group to the TANK plan change. The JWG is providing oversight of the source water protection zone modelling work. An information sharing protocol is under development.	% of network drinking water supplies with an approved WSP that has been updated and is being actively implemented. Numerator: # of network drinking water supplies with an approved WSP that has been updated and is being actively implemented; Denominator: # of network drinking water supplies with an approved WSP.	#/% networked water supplies serving 1000 or more people that are fluoridated (CC, O). Numerator: # networked water supplies serving 1000 or more people that are fluoridated; Denominator: # networked water supplies serving 1000 or more people.
1.2	Health Protection	**Hazardous Substances** Use the priority criteria in the Hazardous Substances Action Plan, and injury surveillance data, to develop hazardous substances programme plans.	# public health HSNO enforcement officers. # cases of hazardous substances injuries that are notified by GPs, hospitals and others		Narrative reporting: Outcomes of promotion of the HSDIRT reporting process to GPs, hospitals and others.

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		Report all notifications of hazardous substances injuries, including agrichemical spray-drift complaints, lead poisoning and poisoning arising from chemical contamination of the environment, to the science provider in the format required, including General Practitioner (GP) notifications. Promote hazardous substances injury notifications by GPs. Participate in the Hazardous Substances Injury Surveillance System and other notifiable condition surveillance systems, including GP notifications via the HSDIRT system and according to Ministry of Health guidelines and direction. Investigate notifications of lead poisoning, poisoning from chemical contamination of the environment, and hazardous substances injuries as required. Process applications for Vertebrate Toxic Agent (VTA) operations that require public health permissions. Ensure that the conditions imposed by the public health HSNO enforcement officer granting permits for the use of controlled vertebrate toxic agents are complied with. Field or desktop audits of all permissions are required to ensure compliance, as appropriate. Audit compliance with, investigate breaches of, and where appropriate, enforce the relevant Acts and Regulations, including: • attending hazardous substances incidents as requested by Fire and Emergency NZ	# applications for Vertebrate Toxic Agent (VTA) permission received # applications for VTA permission issued # desktop audits of 1080 operations # field audits of 1080 operations # desktop or field audits of non 1080 operations	% routine applications for VTA permissions processed within 20 working days. Numerator: # routine applications processed within 20 working days; Denominator: # routine applications. % of 1080 operations with permissions audited, either by desktop or field audit, for compliance with permission conditions (expected 100%). Numerator: # 1080 operations with permissions audited; Denominator: # 1080 operations with permissions.	#/% audited Vertebrate Toxic Agent (VTA) operations compliant with permit approval conditions (BC, O). Numerator: # audited VTA operations compliant with permit approval conditions; Denominator: # audited VTA permissions.

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		• surveillance of hazardous substances injuries and reporting via the HSDIRT system. Work with other HSNO enforcement agencies to support their regulatory roles and manage potential public health risk, for example, through assisting with recalls and public warnings as required. Receive annual reports on methyl bromide fumigations. Maintain effective risk management strategies and response plans for hazmat incidents and emergencies, including deliberate chemical contamination and chemical fires, and including at designated points of entry. Responses are required to be consistent with the Ministry's advice and guidelines as noted in the service delivery expectations. Represent public health interests at meetings of the Area Hazmat Coordination Committee. Promote public knowledge on the risks of environmental and non-occupational exposures to hazardous substances and products, including asbestos in the non-occupational environment by: • providing public health advice and information on hazardous substances and products to the public, health professionals and organisations • advising on the safe management of hazardous substances and products, including their removal and disposal from contaminated areas • advising on the safe management of asbestos in the non-occupational environment according to the Ministry of Health's guidelines and direction	# VTA complaint investigations received and investigated # VTA complaints referred to another agency # Hazmat incidents or emergencies attended. # hazmat exercises attended # response plans reviewed and revised, if necessary, following responses and exercises # area hazmat coordination committee meetings attended # investigations/ activities undertaken by type (e.g., crayons, face paint, chemical spills)	% debriefs/audits that show responses have been consistent with the Ministry's advice and guidelines, including the *National Hazmat Response Plan*, *Major Response to Fires; guidelines for public health units (Revised 2014)*, *Investigation and Surveillance of Agrichemical Spray drift Incidents: guidelines for public health units.* Numerator: # debriefs/audits that show that response was consistent with Plans, Ministry Guidelines, etc.;	Narrative reporting: Outcomes of hazmat meetings and exercises.

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		• advising on the safe management of products containing lead, including lead-based paint and mercury (including its removal and disposal). Advise, encourage and/or assist territorial authorities and regional councils to: • identify potentially contaminated sites in the region and identify contaminants • implement health impact assessment systems to ensure contaminated land is remedied, where appropriate, and to minimise adverse effects on human health • determine appropriate land use controls for contaminated sites to minimise the risk to the public • ensure appropriate advice is provided to manage any public health risk from sites and during any remediation processes.		Denominator: # of responses.	Narrative reporting: Outcomes related to whether Local Authorities have been responding appropriately to public health risks from contaminated land.
1.3	Health Protection	**Mosquito surveillance** Undertake surveillance of mosquitoes at appropriate frequency (weekly over summer and warmer part of spring/autumn and fortnightly over winter and colder part of autumn/spring at international sea and airports or monthly audit of surveillance undertaken by the air or sea port company). Provide mosquito interception response situation reports to the Environmental and Border Health Team using the template in the border health section of the Environmental Health Protection Manual Respond promptly to interceptions of pests with a human health	# interceptions # incursions # responses to other organisms	% responses initiated within 30 minutes of notification. Numerator: # responses initiated within 30 minutes; Denominator: # responses. Narrative reporting: On mosquito surveillance and whether it is occurring at appropriate frequency (will depend on weather and indicators, such as biomass)	#/% exotic mosquitoes that have crossed the border and established in your region (CC, O). Numerator: # incursions; Denominator: # interceptions.

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		significance (e.g., rats, ticks, poisonous spiders and cases of imported disease). **Border health** Ensure designated points of entry achieve and maintain core capacities as required by the International Health Regulations 2005; audit core capacities annually as required by the Ministry of Health. Ensure all other ports of first arrival achieve and maintain as many core capacities as feasible for their situation. Identify and monitor border health protection risks from biological (including pests and diseases), chemical and physical (including ionising radiation) hazards. Develop/maintain contingency plans to deal with border health risks, including surveillance, ill traveler protocols, and border emergency response plans; work with border stakeholders to support the inclusion of public health response plans within sea and airport emergency response plans. Respond promptly to requests for pratique, inspections and certification (e.g., ship sanitation). Attend border and other intersectoral meetings with relevant agencies and organisations on matters relating to border health protection. Provide sound technical and professional advice on public health issues that are related to border health protection objectives in relation to imported risk goods, disease vector surveillance and control, preparation of contingency plans for emergency response, preparation	# authorised or accredited persons under the Biosecurity Act 1993 # intersectoral meetings (#airports, # seaports) # responses to border public health incidents # maritime pratiques issued # maritime pratiques issued on arrival # aircraft met on arrival # ship sanitation exemption, extension and control certificates issued	Narrative reporting: On requirements of a competent authority met by PHU (report against the appendix) % current staff members involved in ship sanitation inspections who have completed the WHO on-line ship sanitation course (expected 100%) Numerator: # current staff members involved in ship sanitation inspections who have completed the WHO on-line ship sanitation course;	#/% international points of entry that meet requirements of annual verification assessment under International Health Regulations 2005 (BC, O). Numerator: # international points of entry that meet requirements of annual verification assessment under International Health Regulations 2005; Denominator: # international points of entry located in PHU area of coverage. #% international points of entry that have contingency plans to deal with ill travelers and other border health responses that are interoperable with public health response plans (CC, O). Numerator: # international points of entry that have

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		of submissions as appropriate on proposed pest management strategies. Provide public health training to air and sea port staff, as required, on border health protection risks and their management. Contribute to or lead (when required) the preparation of health impact assessments in relation to border health protection threats and eradication and control activities. Maintain an on-call roster to ensure appropriately trained staff are available at all times for any border responses.	# public health training (e.g. advice, update, event) to air and sea port staff	Denominator: # current staff members involved in ship sanitation inspections.	contingency plans to deal with ill travelers and other border health responses that are interoperable with public health response plans; Denominator: # international points of entry located in PHU area of coverage.
1.4		**Emergency Planning and Response** Carry out all emergency management planning, preparedness and responses in collaboration with other relevant agencies and according to Ministry of Health guidelines, plans and advice. Maintain and review emergency response plan(s). There must be plans covering the following minimum areas: • Border health response • Communicable disease – outbreak/pandemic • Hazardous substances (including radiation, hazmat responses, and chemical and biological counter-terrorism response) • Civil defence/national disaster.	# responses # exercises.	% public health unit plans include reduction/readiness/response/recovery/resilience, and identify resources needed to support and carry out public health action (expected 100%). Numerator: # public health unit plans include the four 'Rs'; Denominator: # public health unit plans. % plans and Standard Operating Procedures updated each year (required 100%).	#/% PHU Emergency Planning and Response Plans interoperable with stakeholder plans (i.e. TLAs, DHBs, airport, seaport (CC, O). Numerator: # PHU Emergency Planning and Response Plans interoperable with stakeholder plans (i.e. TLAs, DHBs, airport, seaport; Denominator: # stakeholder plans. Please report in narrative, if plans are not interoperable, on

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		Take appropriate emergency actions, as the need arises. This includes liaison with and taking directions from other agencies involved, including providing services for, be directed by, and report to civil defence authorities. Maintain, exercise and regularly review plans for responding effectively to a range of public health emergencies, using national, regional and local meetings, and exercise and training opportunities. Maintain civil defence and public health emergency planning and response capacity, and ensure there are appropriate numbers of staff trained in emergency management/CIMS. Ensure key health messages are available in educational and promotional materials through collaboration with other agencies/organisations involved in emergency planning and response.	Contribution to HBCDEM group plan review in 2019/2020. This will include review of capacity and a new risk assessment. Heat health and climate change related hazards to be included Attendance at CEG meetings	Numerator: # plans and Standard Operating Procedures updated; Denominator: plans and Standard Operating Procedures. Note: As a minimum the annual update should include a check to ensure that relevant contact phone numbers are still correct. % plans tested, including emergency communications (required 100%). Numerator: # plans tested; Denominator: # plans. Note: checking that all emergency phone numbers are still correct as a minimum. % exercises and responses that are followed by a debrief (required 100%) Numerator: # exercises and responses followed by a debrief; Denominator: # exercises and responses. Note: If the exercise is held by another agency and there	how you are working towards making plans interoperable. Definition of interoperable: *The two Plans operate together seamlessly, are aligned and there is no discontinuity (e.g., if the airport EOC incident controller role is undertaken by the Police, then that is documented in the PHU Plan).* Narrative reporting: Outcomes of exercises. #/% Health Protection Officers and Medical Officers of Health completed CIMS 4 or CIMS (Health) training within the last four years (SK, O). Numerator: # Health Protection Officers and Medical Officers of Health completed

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
				is no debrief, the PHU should hold its own debrief. % debrief recommendations that are incorporated into plans and SOPs. Numerator: # debrief recommendations that are incorporated into plans and SOPs; Denominator: # debrief recommendations	CIMS 4 or CIMS (Health) training within the last four years and currently employed; Denominator: # Health Protection Officers and Medical Officers of Health employed by the PHU. Narrative reporting: If not 100%, please report on when they would be completing this training. Note: target should be 100% over a four-year period.
1.5	Health Protection	**Stakeholder planning, submissions and resource management** Encourage and assist councils to develop and implement policies through processes, such as the review of district plans, including variations or plan changes or council Long Term Plans that address the wider determinants of health Make timely and professional submissions on national (including national policy statements, national environmental standards and or guidelines) and regional plans and policy statements, district long term and annual plans and, where appropriate, resource consent	# applications/plans/ statements/standards assessed for public health issues # submissions made # hearings where evidence presented Narrative reporting: Brief description of proactive/upstream work	% submissions completed that include a public health risk assessment to ensure submission is (expected 100%): • evidence based • proportionate to the public health risk • peer reviewed Numerator: # submissions completed that include a	Narrative reporting: Public Health impact (or expected impact) of submissions and/or proactive/upstream work with stakeholders (i.e., key public health gains).

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		applications, to ensure that the public health effects are considered and managed, on: • adverse air quality • the disposal of the dead • environmental noise • ionising radiation (in consultation with the Office of Radiation Safety) • non-ionising fields • recreational waters • gaseous, liquid and solid waste • urban design/form • sewage collection, treatment and disposal • drinking water (cross reference with the separate drinking water section) • other environmental health issues. Monitor decisions made under the Resource Management Act 1991 to ensure that the health impacts of environmental hazards have been considered. Follow up with regional councils and territorial authorities where this has not occurred. Make timely and professional submissions on local government assessments of sanitary works to ensure that the public health aspects are considered. Comment, as appropriate, on territorial authority plans for sanitary works infrastructure planning. Liaise and, where appropriate, undertake joint projects with consent authorities and affected communities to	with stakeholders (who and what)	public health risk assessment; Denominator: # submissions completed. Note: PHU should keep brief documentation to show that above criteria has been considered and implemented.	

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		ensure that public health aspects of planning and resource management are considered. Provide technical advice and information to regional councils and territorial authorities. Inform other agencies and the public on the public health aspects of matters relating to sustainable resource management.			
1.6	Health Protection	**Other Regulatory Issues** For the following public health issues: • air quality • the disposal of the dead • environmental noise • ionising radiation • non-ionising fields • recreational waters • gaseous, liquid and solid waste • other environmental health issues undertake the following: • Provide information and advice to other agencies, organisations and the public on their adverse effects • Take appropriate action to minimise risks and to protect the public health from environmental exposures to these issues • Monitor territorial authorities' actions on these issues to ensure health impacts are minimised	# ionising radiation source transports overseen # requests for advice or information responded to # complaints referred to the appropriate agency	% activities and advice related to ionising radiation undertaken in consultation and with approval of the Ministry's Office of Radiation Safety (expected 100%). Numerator: # activities and advice related to ionising radiation undertaken in	

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		• Respond to public enquiries and investigate and/or redirect public complaints and queries on these issues • Support local government implementation of national policy statements and national environmental standards. Ensure applications for approvals are complete, and include the health protection officer's covering report and recommendations before they are forwarded to the Ministry of Health for action, including: • disinterments • burials in special places • medical referee appointments • other burial and cremation approvals. Supervise disinterments as required. Advise and assist applicants to export cadavers, as required, to ensure public health concerns are addressed. (Note that costs may be recovered for this activity.) Conduct six-monthly visits to commercial solaria to encourage compliance with best practice guidelines. Conduct and report on pre-licensing inspections of early childhood centres, including compliance by the licensee of the premises with the Education (Early Childhood Centres) Regulations 1998. Investigate/inspect and report on early childhood centres in response to complaints.	for action (where it is outside PHU's responsibility) # complaints investigated (where it is within PHU's responsibility) # sanitary surveys conducted by PHU (if it is within the PHU's responsibility) # commercial solaria visited six-monthly # pre-licensing inspections of early childhood centres	consultation with the Ministry's Office of Radiation Safety; Denominator: # activities and advice related to ionising radiation undertaken. % visits to commercial solaria operators six monthly. Numerator: # visits to commercial solaria;	#/% of known commercial solaria operators who report they are aware of the

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		Survey the availability of high-power laser pointers at retail outlets, provide advice on compliance and take compliance action as required by the Ministry of Health. Encourage local authorities to clearly identify, and publically notify, existing or potential recreational waters which do not meet minimum microbiological water quality guidelines in the Ministry of Health/Ministry for the Environment Microbiological Water Quality Guidelines for Marine and Freshwater Recreational Areas. Encourage the grading of bathing beaches, as outlined in the Microbiological Water Quality Guidelines for Marine and Fresh Water Recreational Areas. Provide input into regional and local activities associated with recreational water quality. Provide public and stakeholders with appropriate advice relating to recreational waters (e.g. public health fact sheets, media releases, and updated website information). In 2019/2020 the results of a coliminder pilot will be reviewed with a view to establishing a new warning regime for Pandora Pond. Encourage territorial authorities and pool managers (including school pools) to implement the requirements of NZS5826: 2010 Pool Water Quality to avoid or reduce public health risks. Conduct routine evaluation of the performance of controlling authority management of public health aspects of sewage collection and disposal with	# of early childhood centre inspections undertaken as a result of complaints Narrative reporting: Nature of any significant work not reported elsewhere e.g. Beauty/appearance industry work such as nail bars	Denominator: # known commercial solaria.	under-18 age ban (SK, S). Numerator: # of known commercial solaria operators who report they are aware of the under-18 age ban; Denominator: # of known commercial solaria operators located in PHU area of coverage.

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		reference to statute, guidelines, standards, resource consent conditions and accepted public health practice. Investigate and assess the public health need for sewerage systems in areas not adequately serviced. Undertake sanitary and waste surveys as required. Provide a system for monitoring of significant public health risks in waste management. Undertake surveys of representative waste management facilities in the region as resources allow. Liaise with councils to verify that sewage overflows that pose a significant public health risk are adequately responded to; engage with sewage collection and disposal providers to ensure overflows are appropriately managed and reduce overflows to high risk areas. Promote improvements in public sewage collection and disposal systems where this is considered necessary. Consider becoming a signatory to the NZ Urban Design Protocol (2005). Where appropriate, advocate the use of health impact assessment. Where appropriate, promote the Healthy Cities/communities concept. Individually and collectively make efforts to reduce carbon emissions and, where appropriate, promote the adoption of CEMARS (or other carbon neutral scheme) by the public health unit, DHB and potentially by other healthcare providers.			

2. Alcohol and other drugs harm prevention

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = # % (quantity and quality of effect)
2.1	Health Protection	Inquire into all on-, off-, club and, where appropriate, special licence applications, and provide Medical Officer of Health (MOsH) reports to District Licensing Committee, either where there are matters in opposition or recommendations (on the basis of application of the relevant risk assessment tool in the Public Health Alcohol Regulatory Officer Toolkit, May 2013).	# applications and renewals received for each licence type (on, off, club, special) # applications and renewals that were inquired into for each licence type (on, off, club, special) # applications and renewals inquired into that had reports in opposition subsequently withdrawn because applicant's made amendments to the application, for each licence type (on, off, club, special)	% reports (for premises where matters in opposition were identified) provided to the District Licensing Committee (DLC) submitted within 15 days as per Sale and Supply of Alcohol Act 2012 for each licence type (on, off, club, special). Numerator: # reports (for premises where matters in opposition were identified) provided to the DLC submitted within 15 days for each licence type (on, off, club, special); Denominator: # reports where matters in opposition were identified for each licence type (on, off, club, special).	#/% reports (for premises where the PHU had matters in opposition) discussed with **applicants** that resulted in applicants either withdrawing or amending their application accordingly[2] for each licence type (on, off, club, special). (CC, O). Numerator: # reports (for premises where the PHU had matters in opposition) discussed with applicants that resulted in applicants either withdrawing or amending their application to include conditions that the DLC could then attach to the licence for each licence type (on, off, club, special); Denominator: # reports in opposition that were discussed with applicants

[2]There are several scenarios that may be applicable, two examples are as follows:

1. a PHU may have opposed external advertising of alcohol that appeals to young people (RTDs) which the applicant agrees to, and this is subsequently written as a condition of the licence.
2. an applicant may agree to reduce the hours of operation and changes the application accordingly, which then doesn't attract an opposition.

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = # % (quantity and quality of effect)
					for each licence type (on, off, club, special). #/% reports (for premises where matters in opposition were made by the PHU) submitted to the **DLC,** which resulted in conditions being attached to the licence or a refusal to grant/renew licence, for each licence type[3] (on, off, club, special) (CC, O). Numerator: # reports (for premises where matters in opposition were made by the PHU) submitted to the **DLC,** which resulted in conditions being attached to the licence or a refusal to grant/renew licence, for each licence type (on, off, club, special); Denominator: # reports (for premises where matters in opposition were made by the PHU) for

[3]Please report the outcome in your report that covers the six monthly period in which the DLC decision was made as given the inevitable time lag from submitting opposition to the release of a DLC decision, the outcome may not always be able to be reported within the 6 month period in which the opposition was submitted.

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = # % (quantity and quality of effect)
					each licence type (on, off, club, special).
2.2					Summarise the outcomes of matters in opposition made by the PHU to DLC. Summarise the outcomes of matters in opposition made by the PHU to the Alcohol Regulatory and Licensing Authority.
2.3		Work in conjunction with staff from the other two reporting agencies (Police and Territorial Authority Liquor Licensing Inspectors) to ensure that there is an effective mechanism to enable all retailers, clubs and entities applying for new licences, re-licences and special licences and their employees and volunteers, to receive education about their responsibilities under the Sale and Supply of Alcohol Act 2012.	Provide a summary of your role and contribution to establishing and maintaining an effective mechanism for educating retailers, including their employees and volunteers		Provide a summary on whether there is an effective mechanism in place to ensure that all applicants for licences and their employees and volunteers are systematically provided with education.
2.4		Collaborate in police-led Controlled Purchase Operations (CPOs), if any conducted, to reduce sale of alcohol to minors. (Note: One CPO equals one total organised operation that targets a number of premises).	# CPO operations conducted[4] # premises visited during the CPO operations	% high risk premises visited during CPO operations. Note: General criteria for high risk premises are as defined in the Public	#/% premises that are compliant, at the time of CPO, with the Sale and Supply of Alcohol Act 2012 (i.e., no alcohol sale to the minor) (BC, O).

[4] If no CPOs have been conducted, state the reason why.

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = # % (quantity and quality of effect)
				Health Alcohol Regulatory Officer Toolkit May 2013. Numerator: # high risk premises visited during CPO operations; Denominator: # premises visited during CPO operations.	Numerator: # premises that are compliant at the time of CPO; Denominator: # premises visited during CPO operations.
2.5		Work with our stakeholders to develop a strategic document which outlines the respective roles and responsibilities, and guides the way we work together to achieve alcohol harm reduction from a regulatory perspective (as per s 295 SASoAA '*Agencies duty to collaborate*').	Joint liaison /MOU protocol developed (Y/N/Progress)	Joint Liaison Protocol/MOU – evidence of it being applied (Narrative report)	Examples of increased alignment between agencies for example during oppositions to be more effective (Narrative report)
2.6		Work with relevant agencies to undertake monitoring visits of high risk premises and special licence events (to ensure they comply with their licence conditions/host responsibility obligations) as per PHU risk rating tool and/or based on local data, complaints or other intelligence, including requests from police or licensing inspectors (together with Police and/or Licensing Inspector, as appropriate).	# high risk premises and special licence events with monitoring visits conducted		#/% high risk premises and special licence events visited that complied with their licence conditions/host responsibility obligations (CC, O). Numerator: # high risk premises and special licence events visited that complied with their licence conditions/host responsibility obligations; Denominator: # high risk premises and special licence events with

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = # % (quantity and quality of effect)
					monitoring visits conducted.
2.7					Summarise the remedial actions that are/will be undertaken by the PHU for high risk premises and special licence events identified as not fulfilling their licence conditions/ host responsibility obligations.
2.8	Health Promotion	Make submissions as needed on national and local policy that supports the outcomes of the HBDHB Alcohol Harm Reduction Strategy. Make submissions to, and proactively support/ influence Territorial Authorities (TA's) to develop and implement policies that will reduce alcohol-related harm, including: • Supporting TAs to develop and maintain their local alcohol policy • Actively participating in LAP reviews.	# of alcohol harm reduction submissions # and names of TAs supported	% submissions are evidence- based and peer reviewed by Medical Officers of Health	#% submissions implement healthy public policy recommendations
2.9		Implement the HBDHB Alcohol Harm Reduction Strategy.	# steering group meetings # reporting to HBDHB Committees and Board	% activities completed	Narrative report
2.10		Work with Napier City and Hastings District Council (and other partners) to implement the	# group meetings	% activities completed	Narrative report

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = # % (quantity and quality of effect)
		Joint Alcohol Strategy Action Plan with a focus on young people and prevention of FASD.			Youth Service Level Alliance
2.11		Brand design and promotion of alcohol free areas and events in Hawkes Bay. One for One promotion at large music and sporting events.	# of attendees at events # new and existing events that have an alcohol free zone # large events promoting one for one		Narrative community and stakeholder feedback Evaluation report
2.12		Design community advocacy toolkit for HBDHB staff that will assist community oppositions to licence applications			
2.13		Implement Māori Wardens project – a partnership project with Māori wardens to increase knowledge of the legal requirements of the Smokefree Environments Act and Sale and Supply of Alcohol Act and provide a mechanism for community identified issues.	# training sessions # participants # health promotion campaigns at events are supported by Māori wardens	#% licensing decisions are supported with intelligence from Māori wardens	Narrative: feedback from community
2.14		Support the implementation of Alcohol Social Supply Wairoa project.	#activities completed		Narrative report.
2.15		Continue to produce alcohol networks e-newsletter and increase readership.	# newsletters produced		
2.16		Schools are supported to be alcohol free and develop alcohol policies.	# schools with alcohol policy		
2.17		Deliver alcohol and pregnancy communications plan.	# actions completed		

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = # % (quantity and quality of effect)
		Identify workforce development opportunities to raise profile of alcohol harm reduction with a focus on hapu mama and young women (prevention of FASD).			
2.18		Continue to work with Health Hawke's Bay (PHO) to advocate for improving the quality and quantity of alcohol screening and brief intervention in General Practice.	# quality improvement initiatives implemented		
2.19		Investigate integrated approaches to screening and brief intervention in identified settings e.g. ED.			Narrative report.
2.20		Collate literature on the relationship between alcohol and family violence and broader social harms.	# evidence review with a focus on inequity of harms		
2.21		Work with ED staff and business intelligence to review and improve the quality of ED alcohol data collection. Share data with key stakeholders as a means for advocacy to reduce alcohol related harm. Design infographics to communicate and raise profile of alcohol harm reduction.	# system of data capture in ED # data and infographics shared with key stakeholders		Improved data collected and reported

3. Tobacco

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
3.1	Health Protection	Maintain an up-to-date database of tobacco sellers.	# tobacco free retailers	100% of known tobacco sellers are entered into Healthscape.	
3.2		Implement plan for undertaking compliance/ education visits (including Controlled Purchase Operations) of retailers. Note the plan will ensure all known tobacco retailers will have a compliance/education visit and at least 5 per cent of identified tobacco sellers within each territorial local authority area (TLA) will be included in a Controlled Purchase Operation. A focus of education visits will be promoting the Smokefree Retailer Kit.	# tobacco retailer education visits (one visit = one visit to one tobacco retailer) # controlled purchase operations (one CPO = one total organised operation that targets a number of premises) # tobacco retailers visited during CPOs # number of sales from CPO operations	100% of infringements notices are sent to the Ministry of Health for processing within 5 working days or less. % tobacco retailers visited during CPOs that are located in low socio-economic communities (i.e., deprivation index 7-10). Numerator: # tobacco retailers visited during CPOs that are located in low socio-economic communities (i.e., deprivation index 7-10); Denominator: # tobacco retailers visited during CPOs.	#/% tobacco retailers that are compliant at CPOs with the provision of the Smoke-free Environments Act 1990 that prohibits tobacco sales to persons aged under 18 years (BC, O). Numerator: # tobacco retailers compliant at time of CPOs; Denominator: total # tobacco retailers undertaken in CPOs.
3.3		Maintain an appropriate and efficient system for receiving, considering and responding to complaints from the public.		100% of complaints received are considered and responded to.	
3.4		Participate in Central Region Smokefree Officers network meetings/teleconferences.	# of meetings attended		Narrative on the outcomes of the network.

4. Communicable disease

No.	Core function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
4.1	Health Assessment and Surveillance	Collaborate with clinical practitioners and laboratories to obtain high quality information on notifiable and other communicable diseases of significance enabled by regular Public Health Lab Liaison meetings.		Maintain or improve ranking for data quality items in the ESR Annual EpiSurv Data Quality Report (e.g. first in country for data completeness). Note: report lags one year behind.	Narrative report on how Public Health Lab Liaison meetings are progressing
4.2	Public Health Capacity Development	Quarterly workforce development sessions to maintain knowledge and skills related to communicable disease control.			Communicable disease workforce maintains skills and knowledge related to communicable disease control.
4.3		Participate in the Public Health Clinical Network working group looking at business requirements for a national case and contact information system.			Narrative
4.4	Health Protection	Investigate and manage all notified cases as per national guidelines and MoH CD Manual, and in accordance with HBDHB Population Health Services policies. Audi all vaccine preventable cases including Meningococcal and Hepatitis.	HBDHB communicable disease policies reviewed at least every three years in order to keep updated, or as required when national policies/ guidelines change	% policies due for review have reviews completed. In-house data quality reports on the number of investigated cases/ outbreaks meet standard timeframes (target > 90%).	Narrative report on audit results for vaccine preventable diseases

No.	Core function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
4.5		Needle exchange (Onekawa, Napier) is supported by the Medical Officer of Health to maintain their authorisation under the Health (Needle and Syringes) Regulations 1998.	Annual review of Needle Exchange will be undertaken by Medical Officer of Health		Needle Exchange maintains its authorisation
4.6		Provision of surveillance and communicable disease control advice to cases, health care professionals, local authorities and NGOs, rest-homes, Māori providers and the public. Two publications of 'Public Health Advice' per annum. Kotahi Whānau develops a pathway for integrated working 'initiative' involving Māori and Pacific Health Services.	Report any additional specific publications/ communications that target relevant groups, such as GPs	Narrative report on initiatives taken targeted at primary care. Established pathway developed by Kotahi Whānau.	Timely reporting by GPs of suspected notifiable diseases is likely to lead to better health outcomes for individuals and communities.
4.7		Support delivery of rheumatic fever prevention programmes and initiatives. Plan for Rheumatic Fever Governance Group to oversee programme/initiatives to ensure alignment with evidence-based practice.	# of Rheumatic Fever Governance Groups attended # of clinical and expert advice provided	As per MoH reporting: • HHI (Child Healthy Homes Programme) • Say Ahh (sore throat management) • Rapid Response Root cause analysis	Narrative

5. Healthy housing

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
5.1	Health Assessment and Surveillance	Monitor the impact of housing-related illness as part of the health equity monitoring framework and develop further for ongoing health equity reports.	One health equity monitoring framework	External appraisal of effectiveness	Description of impact on housing supply and quality responses within Hawke's Bay
5.2	Health Promotion	Support the Housing Coalition by: • Providing health leadership • Providing secretariat and chairmanship • Support projects.	# Coalition meetings		Narrative report of outcomes of meetings
5.3		Support intersectoral housing initiatives including actions in the Matariki Social Inclusion Strategy, Housing First programme, and other new developments.			Impact of housing work on key areas i.e. housing supply and housing quality as reported through the Housing Coalition and Matariki Framework
5.4		Complete the assessment of the minor repairs pilot.			Narrative report
5.5	Health Protection	Respond to reported incidences of mouldy or insanitary housing. Implement the insanitary housing toolkit. This work is being completed in collaboration with an external provider (see Habitat for Humanity assessment and minor repairs programme in Part B of this plan).			Description of work including the outcome of the pilot assessment and repair programme

6. Immunisation

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
6.1	Preventative intervention	Infants born to Hepatitis B positive mothers are protected from the disease.	# infants per year		All infants born to HepB +Ve mothers receive HBIG and HepB immunisation post-delivery.
6.2		Promote and support existing networks providing immunisation information, education, support and advice for all vaccinators, non-vaccinators and the general public.	12 x Immuwise newsletters created and distributed	% workshop participants report they are satisfied or very satisfied with workshops provided	% of children receiving on-time national schedule immunisation with equity maintained.
		Maintain effective collaborative working relationships with all service providers that have an interest in immunisation activity, with emphasis on equity and those providers servicing our hard to reach population.	# of training workshops		
		Engage with TTOH Whanake Te Kura ante natal programme, designed to engage the HB Population of largely Māori and Pacific births, to increase inclusion of immunisation education within the programme.	# of education sessions provided		Evaluation of education sessions by Whanake Te Kura ante natal programme coordinator.
		Meet with Choices, Māori Health Provider, to explore opportunities to increase capacity and capability for immunisation by implementing a weekly walk-in immunisation clinic – if contract made available.	1 meeting held		
		Work with Health HB PHO to standardise newborn enrolment process with general practices.	% of newborns electronically enrolled on the B code within the PHO by 4 weeks of age		% of children receiving on-time national schedule immunisation with equity maintained.

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		Facilitate the Immunisation Steering group which provides the forum for a collaborative approach to improving immunisation coverage.	4 meetings (quarterly)		Annual evaluation of Steering Group by group members shows that this forum is beneficial for its members and the organisations / communities they serve.
6.3		Survey two local urgent care providers to investigate provision of opportunistic immunisation to children under five years of age.	2 surveys undertaken		

7. Child and youth wellbeing

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
7.1	Health Promotion	**Well Child Tāmariki Ora** Facilitate and chair bimonthly Well Child Interagency Group (CING) meetings. Lead the annual review of the Terms of Reference and agenda's for CING. Lead coordination, planning, implementation and review of Well Child Week celebrations, Positive Parenting programmes, Safekids, activities and other relevant promotional activities. Support and integrate distribution of the Hawke's Bay Well Child Interagency Group's quarterly newsletter. Well Child Interagency Network, including Early Childhood Education Centres will promote, plan and deliver Safe Sleep activities in collaboration with HBDHB Safe Sleep Coordinator and Hāpai Te Hauora Regional SUDI Coordinator.	Six CING meetings held annually Annual audit/evaluation feedback Four newsletters produced and distributed widely to all well child stakeholders	% of CING stakeholders who report that they are satisfied or highly satisfied with the leadership and coordination of CING activities. Quality improvement recommendations from review of all promotional activities will be implemented	# of Early Childhood Education sector CING stakeholders who report that participation in CING activities has led to adoptions or improvements of well child policy in their Early Childhood Education Centres
7.2		**First 1000 days** Support the cross-DHB/intersector development of first 1000 days outcomes framework for Hawke's Bay. Investigate potential missing information/data sources Highlight rates by ethnicity over time localised where possible.	Framework developed Localised equity measures identified Baseline set		
7.3		In collaboration with Pacific Health team, support the ASH 0-4 Pacific engagement project to determine quality improvement activities and opportunities for integrated supports/program	# of families interviewed	% of referrals from whānau engaged with plans i.e. healthy homes referrals	ASH 0-4 Pacific admission rates

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
7.4		Provide population health expertise and support to key settings involved in 0-5 year's programs i.e. SUDI, breastfeeding, ASH 0-4 respiratory project/ASH 0-4 years Pacific Project, Wellchild Tamariki Ora quality improvement initiatives. Link with national Child wellbeing strategy development. Participate in the Wellchild/Tamariki Ora review process *(guidance to come from MoH.* Coordinate policy and advocacy initiatives to improve equity for child and youth wellbeing outcomes.	# of meetings attended # of submissions	Narrative of activities % of submissions that result in policy/advocacy changes/acceptance	Evidence of integration/consistent messaging between 0-5 years programs/providers Evidence of local participation/engagement
7.5		**Safe Sleep** Hawke's Bay Child and Youth Mortality Review Coordinator is an active member of the Safe Sleep Action Group and will support implementation of recommendations for systems change regionally from mortality review findings. In collaboration with the Māori Health Service, review the Cot Bank for equity for Māori In collaboration with the Māori Health Service, analysis and reporting of data collected as part of the māmā Māori interviews undertaken in 2018.	% of relevant HB Child and Youth Mortality Review SUDI prevention recommendations implemented by the HB Safe Sleep Action Group All actions agreed at meetings are documented in minutes and outcomes reviewed at following meetings	Undertake quality improvement activity to check responsiveness of eligibility criteria, uptake, ethnicity, quintile, and areas for improvement, Complete analysis and use findings to inform improvements and to develop a plan for the development of appropriate messaging and support for whānau Māori	Reduction of SUDI rate in HB Significant majority of whānau using the Cot Bank will be Māori or Pacific whānau

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
7.6		**Breastfeeding** Facilitate Hawke's Bay Breastfeeding interagency forum to promote the benefits of breastfeeding for both mother and baby. Deliver community breastfeeding promotion by implementing a local communication plan that provides consistent breastfeeding messaging, promotes breastfeeding support services and initiatives including: ▪ WHO Breastfeeding week ▪ Mama Aroha resource for mothers ▪ Supporting HBDHB breastfeeding policy ▪ Promotion of local support services. Support the Baby Friendly Hospital and Community Initiatives. Report any issues concerning compliance with the WHO Code of Marketing of Breastmilk Substitutes.	% of HB Breastfeeding Group stakeholders who report that they are highly satisfied with the leadership and coordination of HB breastfeeding promotion activities. # of meetings% of breaches of the Code followed up and rectified	Narrative summary of engagement with breastfeeding promotions:	100% compliance of the WHO Code of Marketing of Breastmilk Substitutes in HB HB BFHI and accreditation status is maintained
7.7		Healthy conversation tool distributed to all early childhood education settings in Hawkes Bay*. Provide training and education to workforce engaged with whānau in early years settings, including healthy conversations, safe sleep. Facilitate annual ECEC/TKR Hauora hui – a collaborative, multiagency hui between health and social service providers and ECEC'/KR workforce.	# of tools distributed to ECE settings # of training/education supports provided # of participants Annual hui	% of tools in use in ECE settings	% of ECE settings setting that report they have integrated tool in practice % of participants who report that training/education has increased their knowledge/ ability to support whānau

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		*Refer to nutrition, physical activity and healthy weight section			ECEC/TKR workforce will feel better equipped to support families with health and wellbeing needs.

8. Nutrition, physical activity and healthy weight

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
8.1	Health Promotion	Contribute population health evidence and data to inform transport and sustainability initiatives within the HBDHB and other relevant forums with a focus on improving equity in active transport users.	# meetings attended # feedback provided		
8.2		Support the development of a HBDHB sustainability communication plan and education plan to raise staff awareness and initiate further behavior change.	# communication plan # activities delivered	% actions are informed by evidence	
8.3		Deliver actions from Best Start: Healthy Eating and Activity Plan to increase healthy weight environments: • implementing healthy conversation tool – in ECEs* • monitor schools programme* • monitor the National Food and Drink Policy within the HBDHB • Identify nutrition tools to assist HBDHB contract providers with Food and Drink Policy guidance. • Coordinate the delivery of the maternal and child nutrition and physical activity program* • Promote breastfeeding*. *(*Refer to Child and Youth Wellbeing section)*	# ECEs engaged # schools engaged # agreed activities completed # tools and resources # of programs delivered	% Kohanga, Nests and High Dep ECEs % High deprivation % compliant HBDHB sites % web page content reviews	#/% Children increased fruit and veg #/% of contracted providers with policies

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
8.4		Deliver actions from to Best Start: Healthy Eating and Activity Plan by providing leadership: • Advocating water only (*links to Oral Health)* • Engaging key partners TLAs, Sport HB, business organisations • Linking to regional planning including Matariki, the Regional Transport Plan, and TLA plans.	# Events/location promoting water only # partners engaged		
8.5		Support the implementation of the National Healthy Food and Drink Policy to which HBDHB committed to in August 2016.			Narrative
8.6		Identify appropriate nutrition support for health providers from within our DHB.			Narrative
8.7		Develop online tools to support health contract providers e.g. policy templates, checklist etc.			Narrative

9. Social environments and cross sector development

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
9.1	Health Promotion	Support the sharing of data across agencies to support planning, response and measuring outcomes.	# agencies sharing data	% used in planning	
9.2		Utilise cross sector relationships to build capacity and influence key determinants and outcomes of health- • Water • Healthy weight • Tobacco • Drugs • Housing	# of cross sector working groups		See also Healthy Housing section
9.3		Engage with key plans and strategic documents to influence the impact of equity in health outcomes and determinants of health including: • Regional Transport Plan • Matariki Regional Economic Development Plan • Matariki Regional Social Inclusion Plan • TLA annual and long term plans • Water	# submission made	% of plan with DHB engagement	
9.4		Establish approaches for Population Health to engage the whānau voice across planning, design and delivery.	# approaches	% Māori and Pasifika whānau	#/% whānau voices heard

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
9.5		Review current cross sector engagement to support: • Effective engagement, people with right information, authority and skill at each engagement • Develop a tool to provide oversight of cross-sector engagement and share information.	# service manager reviews \# tool established	% of tool users	
9.6		Continue working with Safer Communities across HB to implement the Pan Pacific Safe Communities model and identified goals for each rohe.	# DHB supported activities \# Health Equity Report data shared	% identified priorities align with health equity report	Narrative: evidence of contribution and support implementation of an equity framework / tool
9.7		Contribute to Street by Street initiative (Hastings District Council) planning, community engagement and messaging.	# street by street events		Narrative: HDC and whānau engagement and feedback
9.8		Coordinate and participate in key whānau/community events e.g. Ngati Kahungunu Iwi Inc Waitangi Day.	# hauora providers supporting event/s \# consistent and coordinated key messages	% providers engage effectively with whānau	Narrative report: feedback from Hauora providers and Iwi

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
9.9		Submit and participate in the development of national and local policies and strategies that positively influence the determinants of health and inequity.	# of submissions made # regional planning documents and strategies that include a population health and equity lens	% of submissions that are focused on reducing inequity	Narrative: early discussions and planning meetings with Territorial Authorities regarding District and Long Term Plans #% submissions implement healthy public policy recommendations
9.10		Improve the Population Health Our Health website content, working with the HBDHB communications team. Ensure the website is regularly maintained and accessible to the community and key stakeholders.	# website page views #average time spent on website page	% page content reviews	Narrative: revisions, peer review of content
9.11	Public Health Capacity Development	Develop and implement a submission management module within Healthscape to support submission work.			

10. Mental Health

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
10.1	Health Promotion	Provide leadership and continue to identify the needs of Hawke's Bay workplaces. Provide up-to-date evidence, support and information to workplaces on workplace wellbeing. Including promotion of the Health Promotion Agency Good4work programme. Deliver the Mental Health Foundation's 'Working Well' train the trainer programme to workplaces.	# of workplaces engaged in the network. # trained workplace managers provided with new tools and resources # of workplaces engaged in the network	% workplaces training staff % of workplaces with high Māori or Pasifika workforce	Narrative: survey feedback from workplaces #% workplaces that report increased skills, knowledge and planned activities as a result of training
10.2		Support the implementation of the HB Suicide Prevention Plan 2018-2021, goals 1 and 4. Work with territorial authorities, Safer Communities, HPA and other agencies to scope a community lead initiative which aims to support community champions who assist community members and whānau in mental distress.	# meetings with partner organisations # community lead initiatives	% activities completed	Narrative report from participants and key partners.
10.3		Promote consistent suicide prevention/mental wellbeing messaging throughout the community.	# events supported with 1737 messaging		
10.4		Provide support to the HBDHB to implement the relevant public health promotion aspects of the Government agreed actions following the Mental Health and Addiction Inquiry Report.			Awaiting further guidance.

11. Migrant health

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
11.1	Health Assessment and Surveillance	Ongoing involvement with MBIEs current RSE research regarding the health screening stock take, and measuring the impact RSE employee's health has on Hawke's Bay health services.			Hawkes Bay perspective reflected in the MBIE report. Less outbreaks of communicable disease in RSE workers.
11.2	Health Promotion	Support the PHU focus on migrant health and improving health for RSE workers. Through participation on the Hawke's Bay Settlement Network Group forum, the PHU is able to advocate that key stakeholders ensure that the group's objectives, targets and indicators are aligned with the New Zealand Migrant Settlement and Integration Strategy.		100% attendance at bi-monthly Settlement Network Group meetings	
11.3	Preventive Interventions	Work with MBIE to review communicable disease outbreaks involving RSE workers, and explore preventative strategies.	Potential for quality initiative work to support MBIE's current health stock take		Less outbreaks of communicable disease in RSE workers.

12. Sexual Health

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
12.1	Health Promotion	Re-establish Family Planning input into the Hawke's Bay region. Ensure regular training is provided by the Family Planning Health Promotion team (as per their contract).	# of training sessions provided (teacher training etc.)	# of teachers attending training % teachers reporting improved confidence in teaching sexuality education	
12.2		Improve syphilis outbreak management/sexual health communications. Action activity outlined in *Syphilis Communications Plan.* Improve the communication channels from clinical to public health when issues arise (e.g. PReP, syphilis).	# actions completed # of coordinated updates from SH clinical services # of updates to public/ stakeholders		Narrative: Stakeholders report feeling more informed of Ministry/DHB activity in sexual health #% priority groups collaborated with (maternity, primary care, sexual health NGOs, Māori and Pacific providers) Rates of testing and treatment of syphilis in Hawke's Bay increase

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
12.3		Promote awareness of the *Just the Facts website* in primary care and schools in Hawke's Bay. Refresh content relating to Hawke's Bay services. Promote services in Hawke's Bay, particularly to priority groups	# of promotions online (Facebook) Content regularly refreshed	Increase in traffic to website from Hawke's Bay	Narrative: Young people report knowledge of the website and how to find information/seek services
12.4		Support the roll-out of funding for free/very low cost long-acting reversible contraception (LARCs).	# of targeted communications and engagement plan drafted/number of actions completed	# of low-cost and Māori and Pacific health providers informed of LARC funding # of women report receiving LARC who could previously not afford it	Women holding community services cards, living on a welfare benefit and/or in a Quintile 5 area have the choice of a LARC for contraception removing cost as a barrier
12.5		Support the development of a *Sexual and Reproductive Health Plan* for Hawke's Bay.	# of plans developed	% of priority groups and priority services engaged with during the engagement phase	# new health promotion initiatives developed in collaboration with stakeholders Narrative: including evaluation of health promotion initiatives are positive

No.	Core Functions	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
12.6		Participate in the Sexual Health Clinical Governance Group.	# of meetings attended	# of SH health promotion updates provided	Narrative: SH clinical team report having a good understanding of health promotion activity in Hawke's Bay Health promotion/ communication to the public is considered alongside all SH issues, projects and developments (e.g.: PrEP)
12.7		Contribute to the establishment of the Youth Service Level Alliance including identifying external stakeholder groups involved with youth wellbeing and development. Lead the sexual health promotion component of the Youth SLA.	# of identified activities across the alliance		

13. Health education

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
13.1	Health Promotion	Continue to perform the 'Authorised Provider' role and promote health literacy by facilitating access to health education resources and other information on HealthEd. Provide up-to-date information about new health resources availability e.g. interactive e-newsletter and calendar of events. Maintain and develop databases and networks that support distribution of health education resources.	# requests received for health information resources # e- newsletters # calendar of events	% requests for health information resources are responded to within five working days % service users satisfied or very satisfied with the service	Narrative report: top five resources ordered per month compared with new emergent issues. Which groups are predominantly accessing the top five resources, who is missing out and the reasons why.
13.2		Respond and manage the online booking system for resources and equipment Manage resources and equipment that supports large events using the promotions One-for-One, alcohol-free events, water only.	# of bookings # large events promoting health messages	% requests are responded to within five working days % large events using service	
13.3		Provide booking coordination for breastfeeding classes.	# bookings	% booking and requests responded to within five working days.	

14. Public health workforce

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
14.1	Public Health Capacity Development	Maintain the MoH target for public health qualifications.		80% of staff hold public health qualifications	#% of staff with public health qualifications
14.2		Managers and team leaders support staff to develop and complete their agreed performance development plan.		90% of staff have a current PD plan	#% completing planned training
14.3		Staff are supported to maintain professional competencies. • Professional competencies are articulated to each staff member. • Activities to support professional competency are included in each staff member's development plan. • Competencies are monitored / reviewed with each staff member.		100% of staff with professional competencies are monitored	
14.4		Population Health provides opportunities to share knowledge and skill within and across teams.	# events		#% of staff engaged
14.5		Demonstrate leadership and support workforce development across public health and health promotion.	# forums for sharing projects and work # workforce development opportunities	#of partner organisations # of participants at workforce development	Narrative: workforce development evaluations

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
14.6		Provide training on equity to Population Health staff. Develop and trial an equity framework for Population Health.	# training in place # equity framework	% participants received training	Narrative reporting Knowledge improved
14.7		Support alcohol staff to attend training and workforce development opportunities appropriate to their roles, including workshops offered by the National Public Health Alcohol Working Group, NZ Liquor Licensing Institute, and the South Island alcohol health promotion meeting. Note: PHU staff are encouraged to attend alcohol and other drug-related fora with relevant stake-holders and partners, such as the Health Promo-tion Agency, as appropriate.	Data will be reported by the National Public Health Alcohol Working Group to the Ministry of Health	% Alcohol staff completed appropriate training. Numerator: # Alcohol staff completed appropriate training; Denominator: # Alcohol staff in PHU.	#/% Alcohol staff who have undergone appropriate training are competently undertaking their roles (BC, S[5]). Numerator: # Alcohol staff that are competently undertaking their role; Denominator: # Alcohol staff who have undergone appropriate training in the reporting period.

[5] This competency assessment is subjective and will be carried out by each staff member's line manager and in accordance with each PHU's staff competency requirements.

Part B: Other contracts

15. Healthy housing

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
15.1	Health Promotion	Develop and monitor housing interventions funded as part of the DHB Rheumatic Fever Plan.			Narrative report
15.2		Fund and monitor the delivery of the Ready to Rent programme.			Narrative report

16. Immunisation – NIR administration, coordination, outreach

No.	Core Function	Activitie	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
16.1	Preventive Interventions	Facilitate the Immunisation Steering group which provides the forum for a collaborative approach to improving immunisation coverage.	4 meetings (quarterly)		Annual evaluation of Steering Group by group members shows that this forum is beneficial for its members and the organisations / communities they serve.
16.2		Maintain competent immunisation service providers, with a focus on Māori health providers working across the health sector basing their work ethics on the Ministry of Health's immunisation standards and recommendations.	# of training sessions delivered annually # of authorized vaccinators # of current service delivery plans	% of training participants report that they are satisfied or very satisfied with the training provided	Number of authorised vaccinators remains unchanged or increases.
16.3		NIR is well coordinated. NIR is used to its maximum potential and assists HBDHB to reach and maintain its immunisation targets. All live births are recorded and monitored. Support primary care providers providing past/due reports, updating individual records, answering status queries, supporting electronic enrolment of newborns.	Monthly datamart reports Fortnightly Monthly	100% of live births are recorded on NIR. 100% of past/due reports returned to NIR	Datamart coverage reports indicating consistent achievement of immunisation targets with equity maintained

No.	Core Function	Activitie	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		Support outreach service. Track and trace children to ensure immunisation targets are maintained, cleaning and sorting data, doing reconciliations. Maintain working relationships with primary care providers, Wellchild/Tamariki Ora providers, HHB PHO, B4SC coordinator, Family Start providers, PHNs, parents. Liaise with other NIR coordinators.	# referrals to outreach	% outcomes of outreach referrals. No complaints by consumers through the DHB quality service.	Quarterly report presented to Immunisation Steering Group of services provided by outreach service. Narrative of outcomes Narrative of outcomes
16.4		Maintain vaccine potency by ensuring good cold chain procedures are in place.	# of Immunisation providers that have current cold chain accreditation # of fridge audits completed	85% of Immunisation providers have current cold chain accreditation	No reports of revaccination of individuals due to cold chain failure.

No.	Core Function	Activitie	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
16.5		Ensure all major milestones on the HPV immunisation communication plan are achieved to ensure a systematic process and avoid gaps in service delivery.	# of year 8 children vaccinated	Increasing % of coverage	Equity of coverage with Māori and Pasifika
16.6		Increase the percentage of Māori over the age of 65 having annual influenza vaccination, by collaborating with Māori providers and Health HB to improve uptake. Promote influenza immunisation through Health Hawke's Bay PHO's Whānau Wellness education session 'Preparing for Winter' in Q4. HBDHB contracts with three NGOs to provide 175 influenza vaccinations to the eligible population.	# Māori providers engaged with # of education sessions delivered # of individuals vaccinated through this programme HBDHB contracts with NGOs		Increased % of Māori ≥65 immunised as recorded on NIR
16.7		Align eligible 65-year-olds and over influenza immunisation with bowel screening outreach work for Pasifika aged 65 years and over.	# Influenza immunisations given to eligible Pacific aged 65 years and over at Pharmacy/Dr/ community settings		Increased % of Pacific ≥65 immunised as recorded on NIR

17. Population screening

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
17.1	Preventive Interventions	**BreastScreen Aotearoa** Continue to target Māori and Pasifika unscreened women by conducting data matching between BreastScreen Coast to Coast and general practices patient databases, sending letters offering incentives for women who complete screening.	# Māori and Pacific women who attends screening as a result of incentivisation letter	% Māori and Pacific women who attends screening as a result of incentivisation letter	% coverage rate by Māori, Pacific, and total population
17.2		Continue to follow-up Māori and Pasifika women who have not responded (DNR) to BSA invitation letters for mobile breast screening unit, and explore extending DNR follow-up for TRG fixed sites at Royston and Greenmeadows.	# Māori and Pacific women who originally DNRd who then completed screening after being followed-up	% Māori and Pacific women who originally DNRd who then completed screening after being followed-up	
17.3		Priority women who do not confirm their appointment when booked to have a mammogram on the BSA Mobile unit will be referred to an independent service provider for support to access services.	# of women contacted via list # of women contacted via list who have had breast screen		% increase in coverage for Māori and Pasifika
17.4		Population Screening Kaiawhina and Pasifika Community Support worker working with general practice to increase breast screening rates for priority women.	# priority women Identified attend a breast screen	Feedback from women	
17.5		Invite letter and a $20 grocery koha to Māori and Pasifika women aged 45 to 69 who are unscreened on the BSA.	# priority women identified and invited to enrol and have a mammogram	% of women who enrolled and had a mammogram	
17.6		**National Cervical Screening Programme** Continue to improve general practice screening recall processes, including encouraging recall to commence at 32 months working towards improving on-time three yearly screening. Work with general	# general practices	% general practices	% coverage rate by Māori, Pacific, Asian and total population

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		practices to review Karo reports, identify errors and how to resolve.			
17.7		Continue to target Māori and Pasifika unscreened and under-screened women through targeted strategies and kanohi ki te kanohi approaches.	# Māori and Pacific women able to be identified as attending screening as a result of these strategies		
17.8		Coordination of screening services • Promote and support existing networks providing cervical screening, education, support and advice for all smear takers, GP's and Practice Nurses and the general public. • Deliver lectures at EIT smear taker training. • Facilitate the Population Screening Steering group which provides the forum for a collaborative approach to improving screening coverage. • Provide annual training NCSP and BSA information to ISPs.	# of health professionals attending the update 3 meetings One training event per annum	% participants attending the update are satisfied or very satisfied with the update % of stakeholders attending meetings # of stakeholders attending	Evaluation to ensure ongoing benefits for future updates Feedback from the nurses attending training. Annual evaluation of Steering Group by group members shows that this forum is beneficial for its members and the organisations / communities
17.9		Improve ethnicity data quality • Remind smear takers to enter correct ethnicity on laboratory forms. • Identify and follow up practices on the PHO Cx report using 99 and 54 ethnicity codes.	# of practice who have updated their 99 and 54 ethnicity codes to the correct code	% of practices identified and amended their PMS	

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		• General practice will continue to update the NHI/Ethnicity data as per the National Enrolment Service (NES) workflow.			
17.10		Target geographical areas with large pockets of unscreened and under-screened Māori, Pasifika and Asian women using the PHO Cx monthly report and offer the women a smear.	# of Priority women identified and screened	% of Priority women coverage has increased	Equity of cervical screening coverage between different ethnicities.
17.11		Explore the role of GPs in influencing women's cervical screening behaviours • GPs to positively encourage women to have a smear when visiting for other health reason. • All GP letters for a specific period of time are signed by a GP.	# of General Practices trial cervical screening letters signed by a GP		% coverage per general practice involved has improved
17.12		Support Primary Care to focus on systems and process within general practice. This quality improvement initiative involves improving participation in NCSP, equity for Māori, improving access, service quality, and data quality. • Accurate patient records – ethnicity, contact details, screening status and history • Use of patient management systems e.g. clearing inboxes, recalls and checking dashboards	# General practices supported to and comply with best practice guidelines	# of practices approached participate	Pre and post intervention audits show an increase in Māori and Pasifika coverage rates per practice

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		• Invitation and recall strategies targeting wāhine Māori e.g. personal approach instead of written communication • Responsive / available smear taking services and holistic and opportunistic consultations • Consumer feedback on the cervical screening experience for women • Compliance with NCSP Policies and Standards and HPV			
17.13		Population Screening Kaiawhina and Pasifika Community Support worker working with general practice to increase cervical screening rates for priority women. This includes provision of home screening.	# priority women change in coverage at practices involved	Feedback from the women screened	% of priority women coverage has increased.
17.14		Establish a referral process for general practice to refer all Māori, Pasifika and Asian women who are more than five years overdue for cervical screening to an independent service provider.	# of priority women referred and screened via new process		% of the women referred are contacted and screened.
17.15		Encourage nurses to attend smear-taker training and mentor them to pass their assessments, with specific focus on Māori and Pasifika nurses and cultural competency.	Increased number of Māori and Pasifika nurses completing smear taker training and passing their assessments	%increase of Māori and Pasifika nurses completing smear taker training and passing assessments	Smear-taker workforce reflects demographic of population.
17.16		Continue to monitor and work towards reducing DNAs for FSA and follow-up appointments,	# of Māori and Pacific women referred with a	90% of eligible Māori women with a high grade	HBDHB meets timeliness to treatment guidelines,

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	How well = % (quality of effort)	Is anyone better off = #/% (quantity and quality of effect)
		particularly for Māori women with high-grade cytology results.	high grade smear who DNA FSA and follow-up appointments for Colposcopy	cytology result attend colposcopy FSA and follow-up appointments	and cost-effective treatments are provided.
17.17		Explore and discuss working in collaboration with local kapa haka groups to encourage wāhine to participate in screening.	# of local kaikapa are engaged with discussions.	% of self-determined kapa haka groups supported as appropriate.	Report on outcome.
17.18		**National Bowel Screening Programme** Implement Ministry of Health approved National Bowel Screening Programme HBDHB Annual Plan 2019/20, Equity Plan and Communications Plan.		Plans approved by the Ministry of Health	
17.19		Develop, implement and evaluate strategies to achieve at minimum the 62 per cent target in participation for Māori, Pasifika, decile 9 and 10, and total National Bowel Screening Programme eligible population through health promotion/health education activities and outreach follow up action. In addition we will set an internal target of 73 per cent participation for Māori, consistent with our intent to achieve equity of health outcomes for Māori across the life course.	# Māori and Pacific participating in NBSP. Target: Māori ≥ 1,091, Pacific ≥ 134 # of health promotion/education events held targeting Māori and Pacific eligible populations # of Māori, Pacific and decile 9 and 10 invitees referred for outreach follow up	% spoilt kits by Māori, Pacific, and total population % Māori, Pacific and decile 9 and 10 referrals followed up by outreach services	% participation by Māori, Pacific, decile 9 and 10, and total population. Target: ≥ 62%

18. Oral health

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
18.1	Health Promotion	Project manage the Oral Health Under 5 Equity Project.	# completed project activities		#% progress reporting to PMO
18.2		Increase community membership onto Te Roopu Matua to assist with co-design activities.	# community champions from Napier and Wairoa	% activities with proof of community input	Narrative report.
18.3		Implement teeth brief (5 months) and lift the lip (15 months) pilot into high deprivation general practices.	# GP's providing oral health education and lift the lip		Narrative report.
18.4		Develop handout which replicates the Healthy Teeth and Eating Flipchart for ECEs. Investigate translation into Pacific and Te Reo Māori.	# revised resource		Narrative report.
18.5		Community water fluoridation – monitor and respond to Drinking Water Amendment Bill.	# submission	% stakeholders input into submission	
18.6		Adopt the Water 4 Mums Campaign initiatives for rollout across maternity services.	# staff trained	% resources have consistent messaging	Narrative report.
18.7		Test social media as the platform to promote screening vans for high deprivation areas and improve accessibility.	# communications plan # social media reach		Narrative report. Survey clients are registration.

19. Tobacco

No.	Core Function	Activities	Performance Measures		
			How many = # (quantity of effort)	**How well = % (quality of effort)**	**Is anyone better off = #/% (quantity and quality of effect)**
19.1	Health Promotion	HBDHB Smokefree Service will engage with the Wairoa Whanake Te Kura ante natal programme to encourage and support wāhine hapu to stop smoking during and after pregnancy. Wāhine hapu will be referred and enrolled on the Wāhine Hapu – Increasing Smokefree Pregnancy 8-week programme.	# sessions # referrals # enrolments	Programme completion survey	HT5
19.2		Work with Health HB and general practice to explore the possibility of identifying newborn babies residing in a house with known smokers to offer cessation support and referral to the Wāhine Hapu – 8 week programme.	# Newborn # referrals # enrolments	Practicability study with Health HB	HT5
19.3		Develop an education programme to build resilience in young Māori and Pacific women aged (15 to 19 years) in schools, tertiary education, alternative education and teen parent units.	# education settings	Project Plan completed Programme survey	HT5 Regional Tobacco Control Strategy
19.4		Work in collaboration with the Hawke's Bay Smokefree Coalition and Health Protection team to implement the Tobacco-free Retailers Tool Kit with all alcohol on-licensed premises in Hawke's Bay.	# Alcohol on-licensed premises visited	#Tobacco-free retailers	

20. Drinking water technical advice services

No.	Core Function	Components of service	Service Description	Performance Measures
20.1	Health Protection	Support for drinking-water supplies which are receiving a drinking-water subsidy.	Appropriate and adequate resources assigned to support drinking-water suppliers receiving subsidies to ensure their works are delivered on time and within budget.	All subsidy projects followed up. Timely assistance provided when requested. Report provided on all active projects to drinkingwatersubsidy@moh.govt.nz by 15th of each month.
20.2			Seek additional technical advice and support from within the public health unit if required, or from other Ministry contracted providers within the Environmental and Border Health Team if necessary through the National Drinking-Water Coordination Service.	Inform the Ministry of Health Drinking-water team within five working days of any significant issues arising with any project.
20.3			Monitor subsidy contract milestones and ensure providers submit invoices as works progress and milestones are achieved.	Invoice documentation is complete and accurate. Submitted within one working month to drinkingwatersubsidy@moh.govt.nz All queries followed up within five working days.
20.4			**Contract Variations:** Support water suppliers to request contract variations, if required, to ensure no milestones are missed and no contracts expire while works are underway.	Contract variations submitted at least eight weeks prior to contract expiry. All milestones are achieved on time.
20.5			**Completion reports:** When works are completed, review each water supplier's completion report and provide us with a final report on each completed subsidy project using the updated 2018 template available from drinkingwatersubsidy@moh.govt.nz	Completion report forwarded within one month on correct template with all required documentation included. Ministry of Health informed of any issues or delays.

No.	Core Function	Components of service	Service Description	Performance Measures
20.6			**Completed projects**: Maintain a record of all subsidised projects in the region and provide assistance to optimise and support the water supplier maintain a sustainable and safe water supply. This includes providing support and training for new water operators.	The Ministry of Health is informed within five working days of any water supply that may not be sustainable or may not providing a safe and adequate water supply.
20.7		Support for networked drinking-water supplies serving 25 to 5000 people	Appropriate and adequate resources assigned to support supplies serving 25-5000 people. Review the *Register of Drinking-water Supplies in New Zealand* to identify all networked drinking-water supplies serving 25 to 5000 people in the region and develop a work programme that will assist these water suppliers to optimise their water supplies. The work plan should prioritise water supplies based on public health risk (quality of drinking-water, adequacy of supply, population receiving the water, etc.).	Work plan developed and identifies all water supplies serving 25 to 5000 people. Water supplies are prioritised according to their public health risk. Activities are integrated into the wider drinking-water programme. New work plan attached.
20.8			Assist water suppliers with the preparation or review of their water safety plans and with optimising the operation and sustainability of their water supplies. Ensure the WSP includes Critical Control Points (CCPs).	Water suppliers identified in the work plan assisted with optimising their supplies. Water suppliers identified in the work plan have approved and implemented water safety plans (status of each supplier's WSP).
20.9			Provide technical assistance, advice and information to water suppliers when requested. Where necessary, arrange and organise technical consultants/engineers and work alongside all parties to complete the request. Technical assistance and advice may be provided through your PHU or requested via the National Drinking-Water Advisory and Co-ordination Service or requested through other contracted providers as outlined in the current edition of the *Environmental Health Analysis and Advice Services: Guide for Public Health Units.* Support also includes providing advice and training for water suppliers and other health education materials.	Appropriate and timely requests for technical assistance and advice provided. Requests for technical consultants/engineers confirmed as appropriate and support requested. Operators have appropriate training and/or qualifications to operate their water supplies and training provided where needed.

No.	Core Function	Components of service	Service Description	Performance Measures
20.10			Assist water suppliers with the interpretation of the drinking-water provisions of the Health Act 1956, the *Drinking-water Standards for New Zealand*, the *Drinking-Water Guidelines* and with Government policy and guidance on drinking-water supplies.	Appropriate and timely advice is provided. Suppliers identified in the work plan assisted to meet compliance with the Act and DWSNZ. Advice provided is consistent with the Ministry's policy, standards and guidelines.
20.11			Support any water supplier not on the Register of Drinking-water Supplies in New Zealand to submit their application for registration.	Water suppliers assisted with applying for registration, are registered.
20.12			Formal systems in place for receiving, considering and responding to notifications of suspected and confirmed cases of water borne disease outbreaks, transgressions and complaints of drinking-water quality (or adequacy) of supplies on your work plan.	Serious drinking-water incidents including waterborne disease outbreaks reported to the Ministry of Health within 24 hours. Suspected or confirmed cases reported within 2 hours. Significant issues with any water supply reported within five working day. Timely investigation of transgressions and complaints.
20.13		Support for drinking-water carriers	Work programme includes assistance to drinking-water carriers to deliver safe drinking-water. Work plan should prioritise carriers based on public health risk (source/abstraction point).	Water carriers are prioritised according to their public health risk. Activities are integrated with the wider drinking-water programme.

No.	Core Function	Components of service	Service Description	Performance Measures
20.14			Assist drinking-water carriers with the preparation of water safety plans and ensure the WSP includes Critical Control Points (CCPs).	Appropriate and timely assistance provided to prepare WSP.
20.15			Assist drinking-water carriers with the interpretation of their obligations under the Act and the *Drinking-water Standards for New Zealand*.	Advice provided is accurate and consistent with the Ministry's policy, standards and guidelines.
20.16			Assist drinking-water carriers to submit their application for registration. At least annually, review the information on the Register and assist these water suppliers with re-registration.	Drinking-water carriers identified on the work plan are registered.
20.17		Service Linkages	Ensure linkages are developed and maintained with Ministry of Health, other public health units, owners and operators of water supplies, local/regional councils and community organisations identified as partners in the Services to collaborate on supplying safe drinking-water.	Collaborative arrangements include participating in discussions/workshops/meeting with suppliers serving 25 to 5000 people to share information, best practice solutions, to resolve potential risks/ drinking-water issues.